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Detroit Free Press

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PROGRAM COMPLIANCE COMMITTEE MEETING Administration Bldg. 8726 Woodward, 1st Floor Board Room Wednesday, November 13, 2024 1:00 p.m. – 3:00 p.m.

AGENDA

- I. Call to Order**
- II. Moment of Silence**
- III. Roll Call**
- IV. Approval of the Agenda**
- V. Follow-Up Items from Previous Meeting**
 - A. Chief Medical Officer's Report** - Provide a report on separate information for adults and juveniles on past and current trends/statistics of suicide within Wayne County.
- VI. Approval of the Minutes** – October 9, 2024
- VII. Report(s)**
 - A. Chief Medical Officer
 - B. Corporate Compliance - **None**
- VIII. Year-End Reports**
 - A. Access Call Center
 - B. Autism Spectrum Disorder
 - C. Children's Initiatives
 - D. Innovation and Community Engagement
 - E. Integrated Health Care
 - F. Substance Use Disorder
- IX. Strategic Plan Pillar – Quality**

Board of Directors

Dr. Cynthia Taug, Chairperson
Karima Bentounsi
Jonathan C. Kinloch

Kevin McNamara, Vice Chairperson
Angela Bullock
Bernard Parker

Dora Brown, Treasurer
Lynne F. Carter, MD
William Phillips

Eva Garza Dewaelsche, Secretary
Angelo Glenn
Kenya Ruth

Manny Singla, Interim President and CEO



- X. Quality Review(s) - None**
- XI. VP of Clinical Operations' Executive Summary**
- XII. Unfinished Business**
 - A. **BA #24-44 (Revised)** – Direct Care Worker Training Program – Community Living Services
 - B. **BA #25-02 (Revised)** – Substance Use Disorder (SUD) Treatment Provider Network FY 25
 - C. **BA #25-10 (Revised)** – Behavioral Health Homes FY 25
 - D. **BA #25-11 (Revised)** – Substance Use Disorder Health Homes FY 25
 - E. **BA #25-13 (Revised)** – DWIHN Provider Network Systems FY 25
- XIII. New Business (Staff Recommendations)**
 - A. **BA #25-41** – 707 Crisis Care Center EMS Transportation Services
 - B. **BA #25-43** – Wayne County Services
 - C. **BA #25-46** - Gravity Works Design LLC for DWIHN Website Redesign, Development and Maintenance
- XIV. Good and Welfare/Public Comment**

Members of the public are welcome to address the Board during this time up to two (2) minutes ***(The Board Liaison will notify the Chair when the time limit has been met)***. Individuals are encouraged to identify themselves and fill out a comment card to leave with the Board Liaison; however, those individuals that do not want to identify themselves may still address the Board. Issues raised during Good and Welfare/Public Comment that are of concern to the and may initiate an inquiry and follow-up will be responded to and may be posted to the website. Feedback will be posted within a reasonable timeframe (information that is HIPAA related or of a confidential nature will not be posted but rather responded to on an individual basis).
- XV. Adjournment**

PROGRAM COMPLIANCE COMMITTEE

MINUTES

OCTOBER 9, 2024

1:00 P.M.

IN-PERSON MEETING

MEETING CALLED BY	I. Commissioner Jonathan Kinloch, Program Compliance Chair at 1:14 p.m.
TYPE OF MEETING	Program Compliance Committee
FACILITATOR	Commissioner Jonathan Kinloch, Chair
NOTE TAKER	Sonya Davis
TIMEKEEPER	
ATTENDEES	<p>Committee Members: Angela Bullock; Commissioner Kinloch; Bernard Parker; and William Phillips</p> <p>Committee Member(s) Excused: Dr. Lynne Carter</p> <p>Staff: Brooke Blackwell; Jody Connally; Stacie Durant (Virtual); Dr. Shama Faheem; Keith Frambro; Monifa Gray; Marlena Hampton; Sheree Jackson; Marianne Lyons; Melissa Moody; Cassandra Phipps; Vicky Politowski; Kumar Setty; Manny Singla; Yolanda Turner; Michele Vasconcellos; Dan West; and Rai Williams</p>

AGENDA TOPICS

II. Moment of Silence

DISCUSSION	Commissioner Kinloch called for a moment of silence.
CONCLUSIONS	A moment of silence was taken.

III. Roll Call

DISCUSSION	Commissioner Kinloch called for a roll call.
CONCLUSIONS	Roll call was taken by Lillian Blackshire, Board Liaison and there was a quorum.

IV. Approval of the Agenda

DISCUSSION/ CONCLUSIONS	Commissioner Kinloch called for a motion to approve the agenda. Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to approve the agenda. Commissioner Kinloch asked if there were any more changes/modifications to the agenda. There were no changes/modifications to the agenda. Motion carried.
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V. Follow-Up Items from Previous Meetings

DISCUSSION/ CONCLUSIONS	<p>A. Children's Initiatives' Quarterly Report (Juvenile Restorative Program) – Provide examples of life skills and vocational skills delivered at the Juvenile Restorative Program – Cassandra Phipps, Director of Children's Initiatives reported examples of life skills delivered at the Juvenile Restorative Program – Casey Life Skills (CLS) is a tool that assesses the independent skills youth need to achieve their long-term goals. It aims to guide youth toward developing healthy, productive lives; and Informed Dialectical Behavior Therapy (DBT) life skills is state-of-the-art, evidence-based form of cognitive behavioral therapy for children, teenagers and adults who experience significant trouble managing their emotions, thoughts and behaviors.</p> <p>B. BA #25-18 (Children's Services Health Quality Initiative Program FY 25) – Provide a list of schools that participates in the School Based Health Quality Initiative and the GOAL Line Initiative – Cassandra Phipps, Director of Children's Initiatives reported examples of vocational skills delivered at the Juvenile Restorative Program – Three (3) youths participated in employment off-site and were able to continue job duties; in addition, there were youths who gained vocational skills onsite that include working at the coffee café, food truck, clothing drive, voter registration events, resume' building and youths that turned 18 years old are referred to an Employment Specialist with Team Wellness. A list of schools that participate in the School Based Health Quality Initiative and the GOAL Line Initiative was also shared with the committee.</p>
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VI. Approval of the Minutes

DISCUSSION/ CONCLUSIONS	<p>Commissioner Kinloch called for a motion to approve the September 11, 2024 meeting minutes. Motion: It was moved by Mrs. Bullock and supported by Mr. Phillips to approve the September 11, 2024, meeting minutes. Commissioner Kinloch asked if there were any changes/modifications to the September 11, 2024, meeting minutes. There were no changes/modifications to the meeting minutes. Motion carried.</p>
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VII. Reports

DISCUSSION/ CONCLUSIONS	<p>A. Chief Medical Officer – Dr. Shama Faheem, Chief Medical Officer submitted and gave highlights of the Chief Medical Officer's report. It was reported:</p> <ol style="list-style-type: none"> 1. Behavioral Health Education, Outreach and Updates – Due to September being "Suicide Prevention Month", the "Ask the Doc" September Issue covered suicide prevention information; Dr. Mammo discussed effects of opioids on children and adolescents with Local 4 News at the Rescue Ready: Opioid Overdose Training Event and completed an Ask the Doc" video about ADHD in September 2024. One (1) PA student and two (2) psychiatric NP students completed the onboarding process and started their psychiatry rotation on October 1, 2024. Dr Faheem and Dr. Mammo have met with their Program Directors to discuss rotation and teaching expectations. Dr. Faheem and Dr. Mammo also met with the University of Michigan Child and Adolescent Psychiatry department which has an educational grant where they provided Autism education and consultation to identify the needs of Wayne County. 2. Crisis Center Medical Director Updates – The Center continues to be a great resource. The State were really impressed about the low restraint and
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emergency medication use and they thought that DWIHN's processes of medical transfers were really good and comprehensive. Psychiatrists and APPs continue to regularly receive trainings on updated policies and procedures, evidence-based practices, risk assessments and medical triage; as well as documentation standards and expectations and voluntary and involuntary processes which have been identified as areas needing ongoing attention. Psychosis has continued to be the major presentation at the Crisis Center which does align with inpatient hospitalizations as well. DWIHN is looking at reports with antipsychotic utilization and will continue to monitor what type of medication trends are happening at the time of discharge; encourage use of long acting injectables at the time of discharge from the Crisis Center, which would help with some of these recurrent cycles of crisis presentations. There has been an increase in crisis presentation for children after the school year has started. The diagnosis has been disruptive disorder and staff will continue to monitor. Wayne State has reached out to DWIHN for a potential research and educational project related to children missing school due to threats made at school that result in several days of missed school. Wayne State and Wayne RESA are interested in using the data to identify schools and districts that could benefit from education and training.

3. ***Integrated Health Care (OBRA Department)*** – OBRA continues to have a low rate of pended assessments. The pending rate for September is 4% and this remains under the required 24%. DWIHN's data sharing projects with the health plans are continuing. The State is closely monitoring the joint healthcare coordination and they have set thresholds of 25% and expecting the joint members to have some sort of care coordination plan in the next year.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The committee requested separate information for adults and juveniles on past and current trends/statistics of suicide within Wayne County. **(Action)**

- B. **Corporate Compliance** – Sheree Jackson, VP of Compliance submitted and gave a report on the Corporate Compliance report. It was reported:

1. ***Activity 1: Compliance Investigations*** – The department has handled an average of 43 investigations during the 4th Quarter. They closed 10 out of 25 active investigations that carried over from the third quarter with no credible allegations of fraud identified. It was also reported that three full time staff completed 3,919 Medicaid Claims Verification audits manually during the quarter. As of September 1st, there are 37 open investigations which will require the execution of 31,208 manual audits. The department is in the process of contracting with an external Auditor to assist with the audits.
2. ***Activity 2: Unauthorized Access*** - There was an unauthorized access on August 20, 2024. A staff member's laptop had a Threat Actor gain remote access to their DWIHN issued laptop while performing personal tasks. The laptop was examined by the IT department and a third-party forensic team. The Threat Actor accessed files that were open at the time of the incident; no date of birth or social security information was accessed; however, some member names, medical record number; Medicaid and Medicare numbers and other information was exposed. A total of 3,347 members were involved. MDHHS was notified in September and the members were notified by our insurance company in October. Members will be offered credit monitoring, free credit report services, identity theft protection, access to a toll-free line and DWIHN compliance for inquiries.

Commissioner Kinloch opened the floor for discussion. Discussion ensued. The Chair noted that the Chief Medical Officer's report and the Corporate Compliance report have been received and placed on file.

VIII. Quarterly Reports

DISCUSSION/ CONCLUSIONS

- A. **Adults Initiatives** – Marianne Lyons, Director of Adults Initiatives submitted and gave highlights of the Adults Initiatives quarterly report. It was reported that:
1. **Activity 1: Assertive Community Treatment (ACT)** - There were 9 Assertive Community Treatment (ACT) Provider service agencies in Wayne County. There are currently 435 members receiving ACT services. For this quarter the ACT Program experienced a total of 41 psychiatric hospitalizations which totaled 495 inpatient days. The prior quarter there were 50 inpatient hospitalization totaling 531 days which was a 15.9% decrease in the number of hospitalizations and a 6.78% decrease in the number of inpatient days for a quarterly savings of \$22,356.00.
- COPE completed more than 70% of the PARs for the quarter. Adult Initiatives completed the last ACT Fidelity Reviews this quarter and the scores averaged 93% across the 7 providers. It was reported that ACT providers have completed a higher number of appointments after 5:00 p.m.
2. **Activity 2: Evidence-Based Supported Employment (EBSE)** – There are seven (7) CRSPs providers that are providing this service. Team Wellness has the most members and CNS has the least members. There are currently 542 members (members are broken down by providers in the report) which includes 175 new members. The department hosts monthly meetings with the IPS/EBSE supervisors of all CRSPs providing this service. Adult Initiatives participated in another fidelity review with MDHHS and Team Wellness. Team Wellness scored a 101 on their fidelity review, resulting in a “good” scoring which allows for two (2) years before their next review as opposed to one-year which they were receiving prior with their “fair” score. Four (4) out of the seven (7) providers have increased their fidelity scores from “fair” to “good”. A data report was completed.
- Commissioner Kinloch opened the floor for discussion. Discussion ensued. Ms. Lyons informed the committee that the two (2) data charts will be updated and given to Lillian for distribution to the committee. **(Action)**
- B. **PIHP Crisis Services** – Daniel West, Director of PIHP Crisis Services submitted and gave highlights of the PIHP Crisis Services' quarterly report. It was reported:
1. **Activity 1: Inpatient discharge planning, no CRSP upon admission** - The team saw 137 members in the 4th quarter and 102 kept their aftercare appointments which was 74% percent. Clinical Specialists in the PIHP Crisis Services department improved overall percentages of members receiving services within 30 days of discharge based on claims data. There was an increase in service connection upon discharge at the hospitals Clinical Specialists target as opposed to all other hospitals not in the pilot. Transportation and contact information are the main concern and common barrier for members not keeping their aftercare appointments upon visitation. The team will share contact information and referral process for transportation referrals to Godspeed and Mariners Inn as well as reiterate the importance of updating contact

information to be included in the discharge planning paperwork provided to the CRSP upon discharge.

2. **Activity 2: Reduce recidivism** – The department contributed to a 30% reduction in the number of adults considered recidivistic and a 38% reduction in the number of adults with multiple admissions. The team contributed to a 67% reduction in the number of children considered recidivistic and a 90% reduction in the number of children with multiple admissions. The team has recognized the need for prompt CRSP notification of all screenings and the need for the CRSP to modify current treatment planning to be proactive in supporting a reduction in recidivism. The department has created the expectation that screening agencies notify the assigned CRSP of all members who have been screened in crisis; screening agencies will identify recidivistic members, consult with their psychiatrists and work with the CRSP to ensure the level of care is provided in the least restrictive environment; and for members who present without a CRSP, a Clinical Specialist from the team will work with the family to select a provider for ongoing services. The team will continue working with DWIHN recidivism workgroup monthly.
3. **Activity 3: Reduce inpatient hospitalizations** – Inpatient hospitalizations have trended downward for adults after an increase in the second quarter for adults, and there was a decrease in inpatient hospitalizations for children from the third quarter where the team found a significant increase.

Commissioner Kinloch opened the floor for discussion. Discussion ensued.

- C. **Customer Service** – Michele Vasconcellos, Director of Customer Service submitted and gave highlights of the Customer Service’s quarterly report. It was reported that:

1. **Activity 1: Customer Service Calls** – When comparing the call volume of FY 23/24 and FY 22/23, there was an increase in the call volume and the abandonment rate remained below 5% for the Switchboard. There has been a significant increase in the call volume for 23/24 and decrease in the abandonment rate for the Customer Service Call Center. The new phone system has improved the ability to access call volume and abandonment rate.
2. **Activity 2: Grievances and Appeals** - There was a total of 30 grievances for the 4th quarter compared to 55 grievances for the 4th quarter in FY22/23 with the highest number of grievances being Delivery of Service for 4th quarter FY23/24. Updates were provided on the Appeals Communication and State Fair Hearings. There was one request for a DWIHN State Fair Hearing in the 4th quarter that was turned into a pre-conference hearing.
3. **Activity 3: Member Engagement** – The department hosted various events, outreach, and conferences to ensue that members are provided the opportunity for DWIHN and Community inclusion to address areas of valued participation and interaction. The department hosted a Voter Education Registration Participation event for candidates to discuss their platform before the Michigan primary at clubhouses and drop-in centers. Staff is preparing for the Annual National Core Indicator Survey activity with Wayne State University/Development Disabilities Institute and Wayne County is expected to provide more than a third of the State’s responses. The Annual ECHO for Children and Adults 2024 has been

completed with summary results to be shared with various groups in the coming quarter.

Commissioner Kinloch opened the floor for discussion. There was no discussion.

- D. **Managed Care Operations** – Rai Williams, Director of Managed Care Operations submitted and gave highlights of the Managed Care Operations’ quarterly report. It was reported:

4. **Activity 1: Credentialing** – For FY 23/24 (Q4), 372 practitioners and 46 providers were approved. The Credentialing team continues to meet with the provider network to provide technical assistance with credentialing applications. Policies are being updated to comply with 2025 NCQA standards, ICO agreements and MDHHS’ agreement. Staff continue to meet with MDHSS in the testing of the Customer Relationship Management (CRM) system for Universal Credentialing. The department passed the Aetna Credentialing Delegation audit and Meridian 2023 Annual Policy and Credentialing File Review Audit; all required documents for Molina 2023 DWIHN Annual Audit CAP has been submitted and awaiting the results. The department is working to collaborate with additional teams on Readiness and Environmental and Safety site reviews. Staff is also looking to move the Medversant training to a training platform for ease and accessibility for the network to include a questionnaire and attestation of completion.
5. **Activity 2: New Provider Changes to the Network/Provider Challenges** – FY 23/24 (Q4), there was a total of 16 new location/service additions and 13 new providers added to the DWIHN network. There were 370 Outpatient, Residential, Autism and SUD contracts routed for FY 24/25; eight (8) closeouts and three (3) mergers during Q4; executed 15 Single Case Agreements; and uploaded 786 records with supporting documentation to the MDHHS CRM system. All documents required for 2024 MI PIHP PMV, NAV HSAG and 2024 HSAG Compliance Review audits have been submitted and received good remarks in regard to DWIHN’s network adequacy processes. DWIHN scored a perfect audit. Staff plans to ensure that all contracts are routed and executed for FY 25; utilize Quest Analytics to ensure compliance with MDHHS network adequacy standards; do a deep dive into CRSP Risk Matrix to identify areas for provider education and training; and develop more provider resources and education materials for contracting questions.
6. **Activity 3: Procedure Code Work Group (PCWG)** – FY 23/24 (Q4), the PCWG resolved 100 tickets, 1,754 MDHHS rate updates, 326 new codes and 103 provider requested changes. Staff deployed H0002 to 15 Mental Health Child Outpatient providers and 14 to I/DD Children’s Providers; and trained new departments on how to submit tickets for provider change requests. The department is maintaining the PCWG Helpdesk tickets below a minimum of 10; continue to track turnaround times for PCWG tickets; ensure new programs and services are added and available for use; and continue to run cube reports to monitor and verify services credentialed/contracted are in alignment with contract fee schedules deployed.

Commissioner Kinloch opened the floor for discussion. There was no discussion.

Melissa Moody, VP of Clinical Operations introduced Marlena Hampton to the committee as the new Director of Utilization Management.

	<p>E. Utilization Management – Marlena Hampton, Director of Utilization Management submitted and gave highlights of the Utilization Management’s quarterly report. It was reported:</p> <ol style="list-style-type: none"> 1. Activity: General Fund Exception Updates – General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway. There was a significant increase in General Fund Exception manual approvals between FY 23 and FY 24, following termination of the Pandemic Emergency Order. After meeting with internal clinical teams, subject matter experts and communicating with other PIHPs, the General Fund Benefit Grid underwent additional revisions, implementation date 11/1/24. Staff will continue to evaluate utilization and report relevant findings. The General Fund UM Specialist, with support of leadership, continues collaboration with the Quality department to develop a non-clinical Quality Improvement Activity/Assessment (QIA). The goals include decreasing the number of General Fund Exception requests and assisting eligible members with maintaining their Medicaid. The UM Specialist receives relevant NCQA standards and technical assistance for use in refining the plan. 2. Activity: Habilitation Supports Waiver (HSW) Program – During Q4, the HSW program maintained an average of 99.8% utilization. A total of 1,082 program slots were used. This exceeds the state program requirement of 95% slot utilization. MDHHS has assigned DWIHN 41 additional slots, beginning October 1, 2024. This increases our total available slots from 1,084 to 1,125. We will now be able to clear our current waitlist and work to serve even more of our members. 3. Activity: Outpatient Authorization Updates – The department develops Service Utilization Guidelines (SUGs) for behavioral health requests – a group of pre-approved services for members with similar needs so that we can be more efficient in our work and more efficient for the providers. The remaining authorization requests are manually approved by UM staff. This process does not currently exist for SUD authorization requests. All requests are manually approved by staff. Staff will work with I.T. on development of automated functions and reminders in MH-WIHN and discussion and development of service utilization guidelines for SUD authorizations. Major accomplishments during this period were pending updates to “Return to Requester” queue, including electronic reminders to CRSPs for documentation return will decrease time from authorization request to disposition. The UM Administrator is developing SUGs for SUD line of business and the process includes collaboration with DWIHN SUD as well as communication with other PIHPs. <p>Commissioner Kinloch opened the floor for discussion. Discussion ensued. The Chair noted that the Adults Initiatives, PIHP Crisis Services, Customer Service, Managed Care Operations and Utilization Management’s quarterly reports have been received and placed on file.</p>
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IX. Cyber Security Status Presentation

<p>DISCUSSION/ CONCLUSIONS</p>	<p>Keith Frambro, VP of I.T. and Kumar Setty, submitted and gave an update on the Cyber Security Status. The presentation included information on the threats, the standards the program maintains compliance with and how it is audited. Just briefly, it was reported Ransomware attacks and attacks on 3rd party vendors are on the rise. Cyber attacks as well as cyber defense are constantly evolving. Our network is scanned on a weekly basis to identify any vulnerability. The program that is put into</p>
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	place focused on two areas which are preventive measures and implementation of a strong process to mitigate any threats that do breach our preventative measures. It was a very informative report. The complete presentation can be found in the Program Compliance agenda packet. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
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X. Strategic Plan Pillar - Quality

DISCUSSION/ CONCLUSIONS	<i>The Strategic Plan Quality Pillar presentation has been deferred to November 13, 2024.</i>
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XI. Quality Review(s)

DISCUSSION/ CONCLUSIONS	<i>There were no Quality Review(s) to report this month.</i>
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XII. VP of Clinical Operations' Executive Summary

DISCUSSION/ CONCLUSIONS	Melissa Moody, VP of Clinical Operations submitted and gave an executive summary of the VP of Clinical Operations' report. It was reported Hegira Health has received full CCBHC certification in Region 7. The Health Home team is hard at work onboarding Hegira and implementing the FY 25 CCBHC changes to the program. We anticipate about 5,600 individuals that will be added to CCBHC through their organization. On 10/1/24, DWIHN launched MichiCANS, a new assessment tool for children and youth that assists us in determining their level of care needs. DWIHN has also added three (3) new Applied Behavior Analysis Providers to our network to help accommodate our growth in Autism services.
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XIII. Unfinished Business

DISCUSSION/ CONCLUSIONS	<p>A. BA #24-15 (Revised) – DWC Training Platform – WIT, Inc Service Contract Extension – Staff requesting board approval to extend terms of service to 12/31/24 with additional funds of \$167,948.00. WIT has provided the primary operations/services package for the operations of Detroit Wayne Connect (DWC) formerly VCE. The system referred to as “TAP” supports the entire training product for DWC. Comparable Source contract between the Detroit Wayne Integrated Health Network (DWIHN) and WIT, Inc. for an amount not to exceed \$1,517,948.00. The Chair called for a motion on BA #24-15 (Revised). Motion: It was moved by Mrs. Bullock and supported by Mr. Parker to move BA #24-15 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. Motion carried.</p>
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XIV. New Business: Staff Recommendation(s)

DISCUSSION/ CONCLUSIONS	<p>A. BA #25-29 – Donated Funds Agreement DFA 25-82009 – Staff requesting board approval for a one-year contract between DWIHN and the Michigan Department of Health and Human Services (MDHHS) to continue the MDHHS' Outstation Services in Wayne County and the placement of six (6) Medicaid</p>
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Eligibility Specialists to facilitate timely enrollment of DWIHN's consumers for Medicaid eligibility. The Chair called for a motion on BA #25-29 (Revised).

Motion: It was moved by Mr. Parker and supported by Mrs. Bullock to move BA #25-29 (Revised) to Full Board for approval. Commissioner Kinloch opened the floor for discussion. There was no discussion. **Motion carried with Mr. Phillips abstaining.**

Commissioner Kinloch, Committee Chair informed the committee that BA #25-30, BA #25-31, BA #25-32, BA #25-33 and BA #25-34 will be bundled and a motion would be made after discussion.

- B. **BA #25-30 – Community Mental Health Data Platform** – DWIHN was awarded a special grant through appropriations under Senator Santana. Costs for the project will be \$1,000,000.00 with a \$1 for \$1 match with \$500,000.00 in grant funding and \$500,000.00 in funds from DWIHN (i.e., administrative costs subject to 45CFR 158.150 Health Care Quality Initiative). The platform will enable a more real-time healthcare ecosystem connecting Detroit Wayne Integrated Health Network (DWIHN) with Medicaid Managed Care Health Plans operating in PIHP Region 7, enabling improved connectivity for members and providers. A budget adjustment will be forthcoming to certify additional revenues supporting this initiative. Commissioner Kinloch opened the floor for discussion. Discussion ensued.
- C. **BA #25-31 – Projects for Assistance in Transition from Homelessness (PATH)** – Staff requesting board approval to disburse Supplemental General Fund match dollars for the Projects for Assistance in Transition from Homelessness (PATH) for two providers, Neighborhood Service Organization (NSO) and Wayne Metropolitan Community Action Agency (WMCAA) in the amount not to exceed \$254,493.00 for the fiscal year ending September 30, 2025. Both providers receive a grant funding directly from the Michigan Department of Health and Human Services (MDHHS) for this program. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- D. **BA #25-32 – Southwest Counseling Solutions Housing Resource Center, Neighborhood Service Organization (NSO) and Wayne Metro** – Staff requesting board approval for a one-year contract renewal with Southwest Counseling Solutions Housing Resource Center (\$1,089,715.00); Neighborhood Service Organization (\$902,050.00); and CNS Covenant House Program (\$132,872.00) to provide various services to reduce homelessness of persons with mental illness and co-occurring disabilities. Commissioner Kinloch opened the floor for discussion. There was no discussion.
- E. **BA #25-33 – Central City Integrated Health, Inc. PSH CoC Program and Leasing Project** – Staff requesting board approval to disburse General Fund match in the not to exceed amount of \$165,045.00 to Central City Integrated Health (CCIH) for their approved Department of Housing and Urban Development (HUD) direct grants for the fiscal year ending September 30, 2025. The Continuum of Care grant agreements between HUD and CCIH are based on the continued need to provide supportive services and to have housing stock in Detroit for persons experiencing homelessness. The General Fund match includes annual amounts for supportive services and administrative costs for

	<p>the Supportive Housing Program and Leasing Project. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>F. BA #25-34 – Credentialing Verification Organization - Staff requesting board approval to enter into a one-year contract effective November 1, 2024 through October 31, 2025 for an amount not to exceed \$310,600.00 with Medversant Technologies, LLC, a National Committee for Quality Assurance (NCQA) accredited Credentialing Verification Organization. Medversant primary source verifies Medicaid and Medicare sanctions, licensure, work history, malpractice history, education and training for practitioners and providers. Commissioner Kinloch opened the floor for discussion. There was no discussion.</p> <p>Commissioner Kinloch called for a motion on BA #25-30, BA #25-31, BA #25-32, BA#25-33 and BA #25-34. Motion: It was moved by Mr. Phillips and supported by Mrs. Bullock to move BA #25-30, BA #25-31, BA #25-32, BA #25-33 and BA #25-34 to Full Board for approval. The Chair opened the floor for further discussion. There was no further discussion. Motion carried.</p>
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XV. Good and Welfare/Public Comment

DISCUSSION/ CONCLUSIONS	<p><i>There was no Good and Welfare/Public Comment this month.</i></p>
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ACTION ITEMS	Responsible Person	Due Date
1. Chief Medical Officer's Report – Provide a report on separate information for adults and juveniles on past and current trends/statistics of suicide within Wayne County	Dr. Shama Faheem	<i>November 13, 2024</i>
2. Adult Initiatives Quarterly Report – Provide updated data reports to the committee.	Marianne Lyons Lillian Blackshire	<i>COMPLETED</i>

The Chair called for a motion to adjourn the meeting. **Motion:** It was moved by Mr. Parker and supported by Mrs. Bullock to adjourn the meeting. **Motion carried.**

ADJOURNED: 3:29 p.m.

NEXT MEETING: Wednesday, November 13, 2024 at 1:00 p.m.

**Program Compliance Committee
Chief Medical Officer's Report
November 2024**

BEHAVIORAL HEALTH EDUCATION, OUTREACH AND UPDATES:

- One PA student completed their Psychiatry rotation and another one started in November. Well-received on both ends. 2 Psych NP students started end of Oct.
- Dr. Mammo presented at ACCESS 10th Arab Health Summit on DWIHN's crisis services addressing a critical need for mental health crises and providing immediate access to mental health services.
- Internal team met with University of Michigan Child and Adolescent Psychiatry Department to further discuss collaboration. They have an educational grant to provide Autism education and consultation groups with goal to increase knowledge of providers who treat individuals with Autism Spectrum Disorder and/or Developmental Disability. The resource links will be added to DWIHN's website soon. ABA providers are encouraged to participate in group consultations to connect directly with other experts in the field of autism.

MDHHS UPDATES:

➤ **PIHP/CMHSP MEDICAL DIRECTOR MEETING:**

Dr. Pinals updated on the progress of State constriction of Walter reuther psychiatric hospital which is going well, and is set to open beginning of 2026. It will be serving 80 youth and 260 adult. She talked about the 2 State certified CSU sites including DWIHN as one of them that are expanding the crisis continuum in State. There was discussion on 1115 Medicaid waiver demonstration that would provide Medicaid coverage to adults and youth in jails and prisons 90 days before release. There was discussion on CCBHC expansion sites. There was discussion on Opioid settlement and its focus on expanding MAT services and an overall update that the State is heading in better direction in terms of overdose deaths. On Children side, Michicans went live Oct 1st. They saw some issues for children served under SED waiver and 1915i waiver so they will continue using CAFAS for that population for now.

➤ **STATE MEDICAL DIRECTOR AOT ADVISORY SUB-COMMITTEE:**

- Dr. Pinals went through the Psychiatrist Responsibilities during the AOT process and took feedback on the AOT Toolkit developed by the Center for Behavioral health and Justice. Some new AOT laws that have been in the senate and house were discussed. Robus discussion happened and toolkit will be revised based on the feedback.

CRISIS CENTER MEDICAL DIRECTOR UPDATES:

Dr. Mammo has worked in this capacity for more than a year and the Crisis Cenetr has now been open for 6 months.

- We lost some APPs but were fortunate to find and hire two full-time APPs that started in October 2024 for day and evening coverage. Two full-time APPs will start in November 2024 for day and evening coverage. One contingent APP started in October 2024 to help with coverage. We have now hired all full-time APP positions
- We have interviewed 2 contingent psychiatrist and a few more interviews are happening, will be sending offers subsequently. Our goal is to have a large contingent pool to avoid any coverage issues.

Program Compliance Committee Chief Medical Officer's Report

- Psychiatrists and APPs continue to regularly receive trainings on updated policies and procedures, evidence-based practices. Last month, they were trained on medication processes for minors.
- In October, there were over 170 presentations to the Crisis Care Center. Children and adolescent evaluations notably increased.
 - Top diagnoses in October for children and adolescents include:
 - Depressive disorders
 - Disruptive and impulse control disorders
 - Top diagnoses in October for adults include:
 - Bipolar disorders
 - Depressive disorders
 - Psychotic disorders
- In October, there were zero physical or mechanical restraints, and zero use of emergency involuntary medications. Daily case discussions have optimized care of individuals.

OUTPATIENT CLINIC/CCBHC MEDICAL DIRECTOR UPDATE

Dr. Severe started in July and is the Medical Director and Adult Psychiatrist for the outpatient Clinic. We also hired a part time child psychiatrist for Dr. Brinkiji. These doctors along with the rest of the team hired under Ms. Ebony Reynolds have started serving both adults and children population. Goal is to have a hub location with multiple satellite location that provide fully integrated care under CCBHC certification, in collaboration with primary care providers such as FQHCs, that address physical and behavioral health needs of individuals.

Program Compliance Committee Meeting
Yvonne Bostic, MA, LPC (Director) – DWIHN Access Call Center
Year End Report (FY 23/24)



Main Activities during FY 23-24:

- **Call Center Performance – Call detail report**
- **Appointment Availability**
- **Silent Monitoring**
- **Plans/Project for FY 24/25**

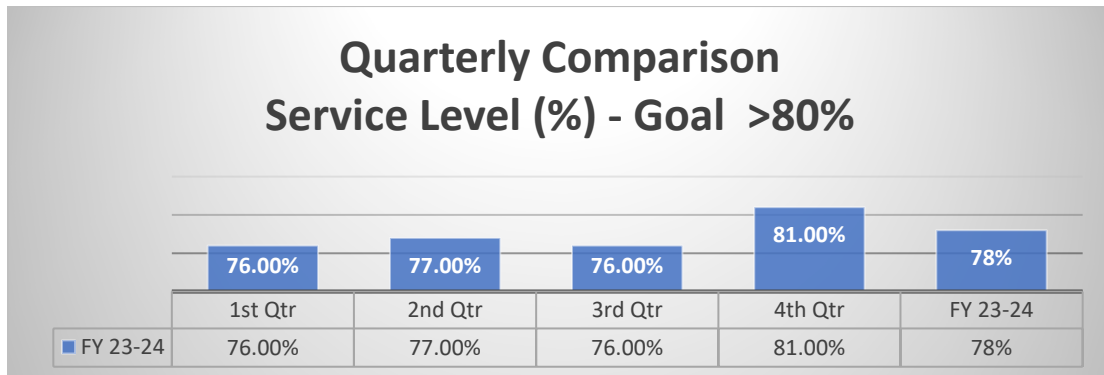
Activity 1: Call Center Performance – Call Detail Report

- **Description:** Majority of the calls that come into the call center are from members in the community seeking mental health and SUD services, information, and referrals. The rest of the incoming calls are from in-network providers and other community agencies like local hospitals, foster care workers, etc. Incoming calls are monitored from the first point of contact with the DWIHN Access Call Center Representatives and then after they are transferred to a screener (MH/SUD or other resource).
- **MDHHS Standards and Call Center Performance for FY 23-24 (October 2023 - September 2024):**
 - % Abandoned Goal is < 5% (4.0%)
 - Avg. speed to answer Goal <30 sec. (:26 sec)
 - % of calls answered Goal > 80% (93.0%)
 - Avg. Service Level > 80% (78.15%)

Fiscal Year	Queue	Incoming Calls	Calls Handled	Avg. % Calls Abandoned (Drop, Disconnect, Hang up)	Average Speed Answer	Avg Call Length	% Calls Answered	Service Level
2023-2024	Call Ctr Reps	200,422	187,190	4.00%	:26 sec	5:30 mins	93.00%	78.15%
2022-2023	Call Ctr Reps	263,832	205,240	3.45%	:28 sec	4:57 mins	96.83%	82.73%

- **Current Status:** For FY 23-24 there were 187,190 calls handled by the Access Call Center.
 - **Breakdown**
 - 41,037 (22.0%) calls handled related to SUD services with an average handle time of 17:00 minutes.
 - 22,733 (12.0%) calls handled, related to MH services, with an average handle time of 22:00 minutes.
 - 123,420 (66.0%) calls handled, related to other requests: provider inquiries, information and referrals for community programs and services, screening follow up calls, Hospital Discharge appointments, enrollments (Infant Mental Health (IMH), Foster Care, TCW/PCW, Hospital Inpatient, Etc.), Transfer calls (Crisis, Protocol, ORR, Customer Service, Grievance, etc.)

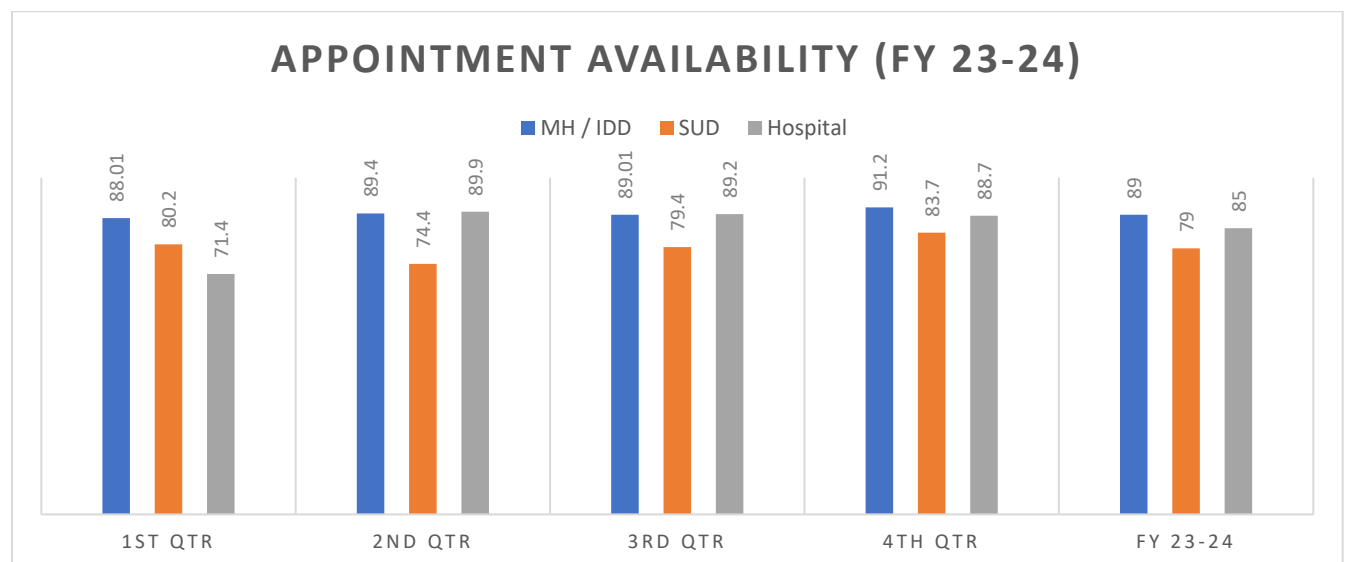
- The Access Call Center Service Level average did not meet the standard (80%+) during 1st-3rd Qtr. To address this area, the management team increased the frequency of performance standard monitoring and made adjustments to staffing as needed. This change in monitoring has become a regular part of daily management tasks.
 - Adjustments to staffing have aided in the improvement of this area (1st Qtr (76%), 2nd Qtr (77%), 3rd Qtr (76%), 4th Qtr (81%)).



Activity 2: Appointment Availability

Description: The appointment availability report gives a summary of appointments scheduled after an eligibility screening is completed by the Access Call Center for individuals seeking SMI, SED, DD, ABA and SUD services and a summary of the hospital discharge appointments scheduled through the Access Call Center.

The goal is to schedule routine intake appointments to take place within 14 days of the eligibility screening and hospital discharge follow up appointments to take place within 7 days of discharge. The Access Call Center schedules these types of appointments based on the Clinical Responsible Service Providers (CRSP) availability and ability to provide services, timely.



Summary:

During FY 23-24, there was an increase in the average of appointment availability for MH/IDD intake and SUD intake appointments, by approx. 3% from 1st Qtr to 4th Qtr. The appointment availability for Hospital Discharge appointments went from 71% in 1st Qtr to 89% in 4th Qtr. There continues to be a collaborative effort to coordinate appointments between DWIHN Access Call Center, DWIHN UM department, DWIHN hospital liaisons and CSRPs.

When there is no appointment available within the 7 day or 14-day timeframe, the Access Center staff will first reach out to CRSP to determine if they can accommodate an individual. If they are unable to, an appointment is scheduled using the earliest available appointment slot and the provider is asked to contact the member if another appointment becomes available.

The Call Center is in the process of completing a 4th quarter analysis of additional appointments CRSP have been able to offer. We will work with CRSP to add those appointments to their calendars to assist in streamlining the appointment process.

During the 4th quarter there have been 2 new providers (CRSP) added to the network and many providers (CRSP) report that they have hired additional staff.

Activity 3: Silent Monitoring

Description: Description: Silent Monitoring - In order to ensure quality services are provided, the Access Center Quality Manager conducts silent monitoring. Silent Monitoring is an internal quality evaluation measurement utilized to ensure adherence to best practice standards. A minimum of 600 calls are monitored annually including 50-100 calls a month. These calls are randomly pulled from recordings or during live monitoring of calls. Each call is given a percentage rating based on 21 quality review items for the Customer Service unit, 34 quality review items for the Clinical unit, and 22 quality review items for the Substance Use unit. Any review receiving a score of 80% or below will receive corrective action response to include coaching / training.

- During FY 23-24 there were a total of 1,019 calls monitored with an average performance score of 88.0%.
 - Areas of strength: treating the caller with dignity and respect, 3 factor verification and closing script.
 - Areas to improve: asking “How did you hear about us?”, Demographic Review and Asking about Advance Directives.
- During FY 23-24 call center staff engaged in the following trainings and department overviews: Customer Service vs Customer Experience; Customer Service- tone, pace and volume and received; Customer Service- Active Listening and Positive Response. DWIHN PIHP Crisis Services, DWIHN EAP services; Review Silent Monitoring Policy and Procedure; Review DWIHN Attendance Policy; Review DWIHN Access Call Center Program Description and Scope of Services; Review call transfer/conference call process for Genesys Cloud Phone System; DWIHN Website and Intranet Site; ASAM refresher - 100% Call Center SUD techs have completed this training; MichiCANS – 100% of Call Center Clinical Specialist have completed this training; review DWC website for DWIHN required trainings; CCBHC services; Adult Initiatives Department; Children’s Initiatives Department; DWIHN Utilization Management and Claims Department
- Staff scoring less than 80% received 1:1 or group coaching

- Over the course of FY 23-24 there was an improvement in scores from 1st Quarter (81%) to 4th Quarter (93%)
- Our Goal FY 23-24 is to stay above 85% each Quarter.

Activity 4 – Upcoming Plans / Projects for FY 24-25

- Increase utilization of the Genesys Phone system to maximize the benefit to the DWIHN Network and those we serve.
- Continue Customer Service Skills Training Series and Coaching as needed and perform more one on one coaching
- Continue recruitment to fill vacancies
- Increase frequency of monitoring and change schedules to improve service level and abandonment rate

Program Compliance Committee Meeting
Autism Services Department
Brief End of the Year Report
Fiscal Year 2023-2024



Main Activities during Reporting Period:

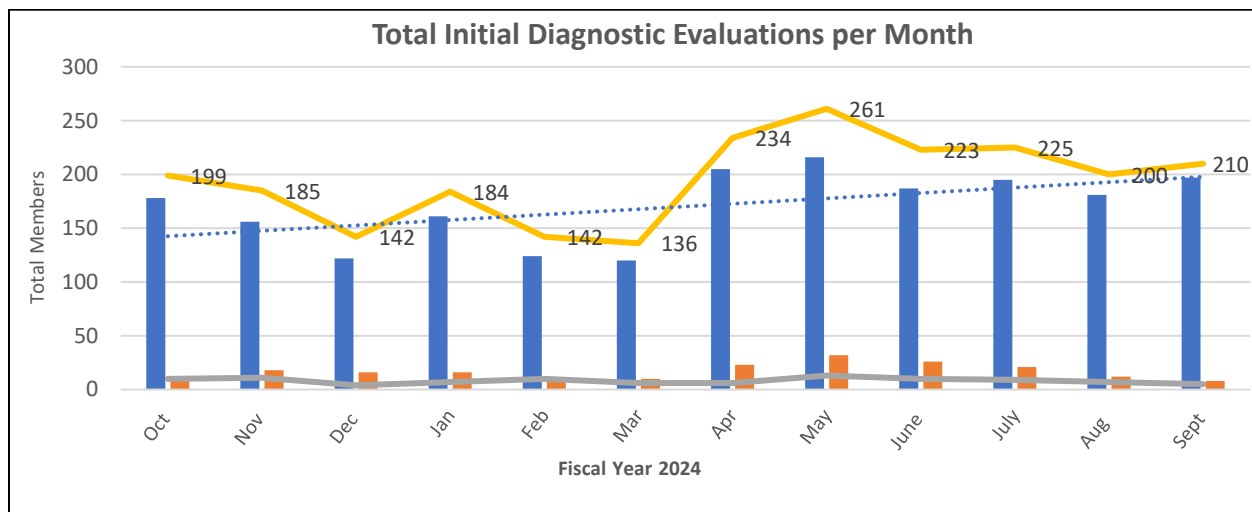
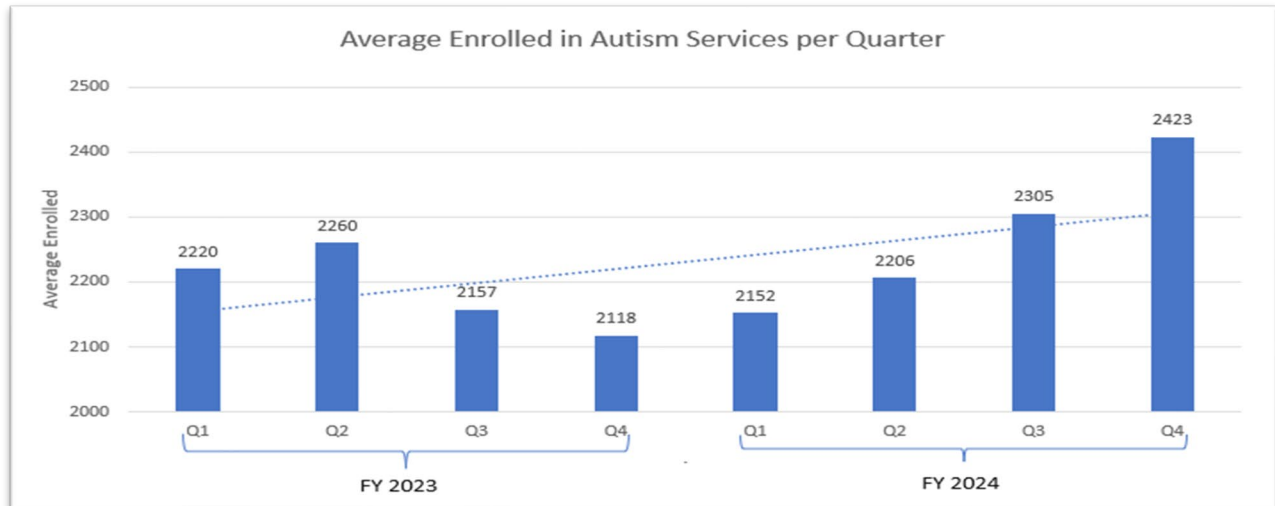
- Census of DWIHN Autism Benefit
- Provider Staffing Shortage (RFQ)
- Timely Access to ABA Services (Performance Indicator)

Progress On Major Activities:

Activity 1: Monitoring Autism Service Enrollment

Description: DWIHN Autism Services Department oversees autism services for youth and young adults up to 21st birthday. Applied Behavior Analysis (ABA) is an intensive, behaviorally based treatment that uses various techniques to bring about meaningful and positive changes in communication, social interaction, and repetitive/restrictive behaviors that are typical of Autism Spectrum Disorder (ASD).

Current Status: During FY24 there were a total of 2,483 youth enrolled in Autism Services. Of this total 1,252 were newly enrolled in services.



Significant Tasks During Period: Coordinated efforts of oversight with Quality Improvement Specialist, Utilization Management, and Customer Service Department to educate, train, and oversee the ABA Provider's service utilization. In addition, Autism Services took part in provider meetings, peer workgroups, and trainings to improve members' access to autism services by providing direction on the ABA Referral Procedure, Physician Referral Procedure, Outside Diagnostic Evaluation Procedure, ABA Due Process steps, Performance Indicator reminders, and Transition/Discharge guidelines.

Major Accomplishments During Period: Member enrollment steadily increased in FY2024 (2,271) compared to FY2023 (2,188 enrolled).

Needs or Current Issues: Ongoing support and education with ABA providers on policy expectations.

Plan: Continue to meet with ABA Providers to problem solve complicated treatment adherence to reduce grievances and improve service utilization.

Activity 2: Provider Staffing Shortage (RFQ)

Description: To address provider capacity shortages impacting children a 5-year Request for Qualifications (RFQ), was posted to increase the number of ABA providers available in DWIHN's provider network.

Current Status: As a result of the RFQ there are 6 new ABA Provider that are being added to the DWIHN network.

Significant Tasks During Period: The RFQ was advertised and electronically posted in January 2023. Every 6 months interested Providers are evaluation to be added to the qualified list of ABA Providers. To support the expansion of autism services and ABA Providers, the Request for Qualifications (RFQ) 2023-005 REBID continues until 5/1/2028.

Major Accomplishments During Period: Expanded capacity to provide autism services by increasing the number of ABA Providers from 16 to 21 ABA Providers over the past year. *(Note: Successfully passing the RFQ does not automatically guarantee a contract).* This past year onboarded five (5) new ABA Service Providers: Peak Autism Center, Illuminate ABA Therapy, IOA, Advance ABA Services, and Emagine Health Services.

Needs or Current Issues: There are currently three ABA Providers that passed the most recent RFQ round and in the process of completing requirements prior to receiving a final contract.

Provider Name	City
Integrated Pediatric Therapy	Brownstown
ABA Golden Steps	Home-Based Only
Downriver Therapy Association	Trenton

Plan: Continue to expand ABA services via the RFQ.

Activity 3: Timely Access to ABA Services

Description: Timely access to Applied Behavior Analysis (ABA) for eligible individuals with autism, ages 0 to 21 years, covered by Medicaid in Wayne County is important to ensure members receive the care they need. This is measured by collecting data on services that start within 14-days of effective date. The baseline of this measure indicated only 68% of members started services within 14-days of being authorized.

Current Status: Chart below highlights that on average of 88% of members begin services within 14-days of ABA authorization effective date; which is above the goal of 70%.

Fiscal Year/Quarter	Timely Access to ABA Services (Numerator)	Total Requests for ABA Services (Denominator)	Percentage of Services Started within 14-days of Effective date
2023 Q1	89	247	36%
2023 Q2	78	223	35%
2023 Q3	76	125	61%

2023 Q4	63	111	57%
FY23 Total	306	706	47.25%
2024 Q1	35	37	95%
2024 Q2	43	51	84%
2024 Q3	36	43	84%
2024 Q4	75	83	90%
FY24 Total	189	214	88%

Significant Tasks During Period: ABA providers already in network were able to expand their site locations. Additionally, Clinically Responsible Service Providers (CRSP) were encouraged to increase intakes for members entering the autism benefit. Financial incentives also provided support to the network in the form of rate increases and one-time payments. Stakeholder feedback indicated services were also impacted due to transportation barriers resulting in DWIHN contracting with two non-emergency transportation services to provide transportation to behavioral health appointments for individuals enrolled with DWIHN.

Major Accomplishments During Period: Achieved above the goal of 70% for youth beginning ABA services within 14 days of the authorization effective date. In addition, demonstrated improvement with this improvement plan from FY23 (47.25%) to FY24 (88%).

Needs or Current Issues: Continue to address current staff shortage and limited access to services. Monitor providers capacity, address current utilization of ABA services to determine if members are aligned to the appropriate level of care.

Plan: Meeting with individual providers every 45-days to review Performance Indicator data and discuss how staff shortages are being addressed. Access Committee meeting monthly to address network adequacy and provider gaps in service. Update the general fund exception and instructional guides, maintain on-going monthly ABA System of Care meetings, and establish an on-going comprehensive training and engagement plans. DWIHN will also implement ongoing case monitoring systems and notices to ensure each case is moving through the system in a streamlined process.

Annual Update:

Things the Department is Doing Especially Well:

- Initial Diagnostic Evaluation reports continue to be provided to beneficiaries within 10-calendar days for a diagnosis and 7-days for a rule out of Autism.
- Interdepartmental coordination of tasks to onboard 3 new ABA providers to meet the growing demand of autism services.
- In recognition of Autism Awareness month, DWIHN ASD Department hosted a panel discussion with professionals and parents of children or youth diagnosed with autism. The purpose of the event was to connect with the community in a supportive virtual environment to provide insight and strategies to navigate the journey of raising a child with autism. Over 47 individuals attended the event to raise autism awareness.
- Updated the Autism Service Statement of Work.
- The fiscal year ended with a total of 21 ABA Providers in the network with 1 ABA provider closing and 58 separate locations across Wayne County.

Identified Opportunities for Improvement:

- DWIHN will continue to focus on building the ABA provider network.
- Develop Risk Matrix to assist with monitoring of ABA services.
- Continue interdepartmental coordination to efficiently manage General Fund Exception members in Autism Services.

Progress on Previous Improvement Plans:

- Continue to work on the data report for the 14-day access to ABA services.
- Continue to build access to timely services through DWIHN's Request for Qualifications (RFQ) for Outpatient Mental Health Providers to provide Applied Behavior Analysis (ABA) services.
- Facilitated a variety of autism trainings for Providers

Training Title
Parent Coaching Training
Building Community: A Conversation for Parents of Children with Autism
Parent Training; Strategies for a Successful Meeting
Communicating, Training, and Supervising
DWIHN Claims Training
Neurodiversity in ABA Services
Mini IPOS Training

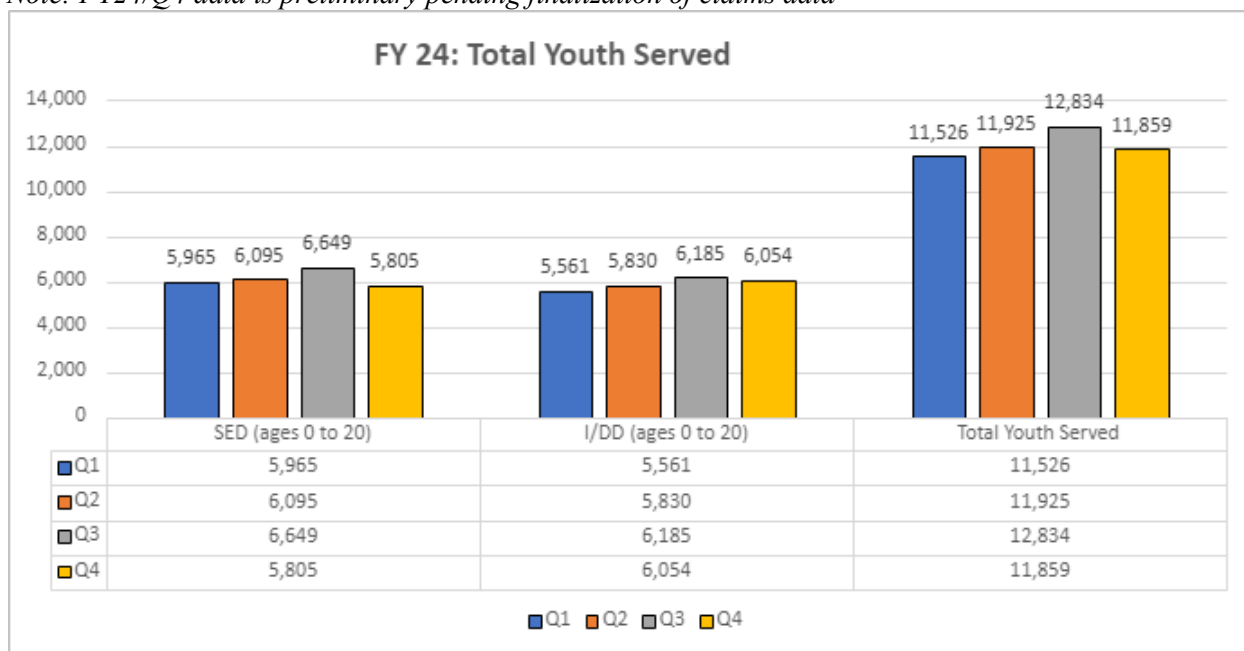
**Program Compliance Committee Meeting
Children Initiative Department
FY24 Brief End of the Year Report**



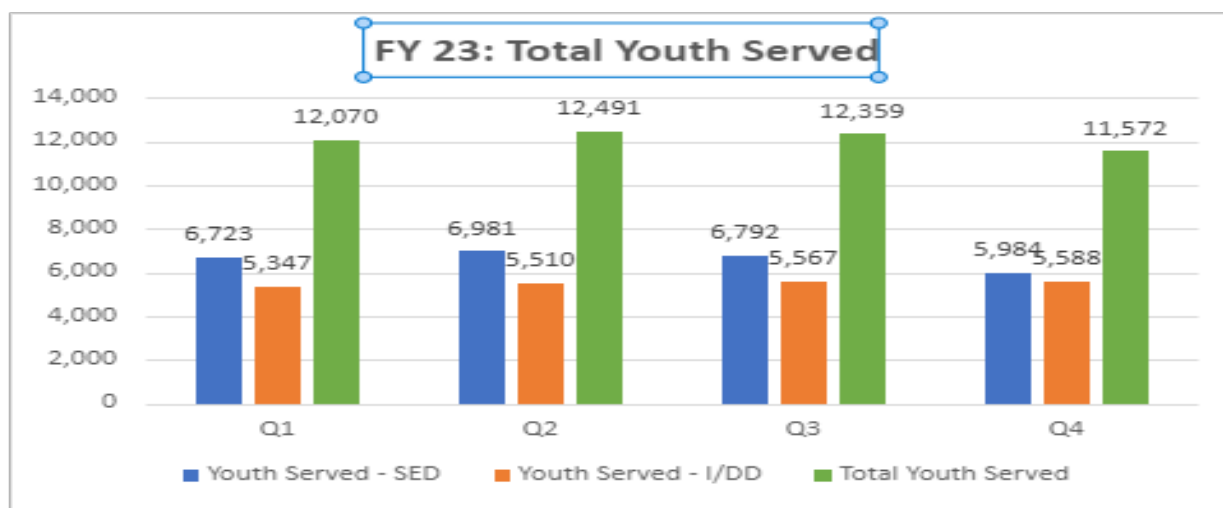
Overall Clinical Services: During FY 2024, DWIHN served 12,036 children, youth, and families in Wayne County ages 0 up to 21st birthday; including both serious emotional disturbance (SED) and intellectual developmental disability (I/DD) designations. **Trends:** The total number of youths received services remained similar from FY23 to FY24. In addition, it is noted there was a slight increase with the number of children and youth with IDD disability designations receiving services from FY23 to FY24 (about 400 members).

Fiscal Year 2024: **Average of Total Youth Served = 12,036 (unduplicated)**

Note: FY24/Q4 data is preliminary pending finalization of claims data



Fiscal Year 2023: **Average of Total Youth Served = 12,123 (unduplicated)**



Main Activities during the Reporting Period:

- Activity 1: Expansion of Behavioral Health Services
- Activity 2: School Success Initiative
- Activity 3: Hospital Recidivism

Progress On Major Activities:

Activity 1: Expansion of Behavioral Health Services

Description: During August 2023 a Request for Proposal (RFP 2023-008) was issued seeking additional providers to deliver children services in Wayne County for ages 0 to 21st birthday for specific services: Targeted case management, outpatient therapy, home based therapy, wrap around, SED Waiver, Children Waiver, and psychiatric services.

Why is this Important?: Due to current providers experiencing capacity challenges to accept referrals and complete intake assessments within the 14 day requirement the expansion of children services was necessary.

Current Status: As a result of the RFP, additional providers were added to the network and current providers expanded services to increase the capacity to provide the more intensive community-based services such as home based therapy and wrap around.

- Judson Center – expanded services
- Team Wellness – expanded services
- Vital Health – new provider

Significant Tasks During Period: Collaborative participation with various departments to review and onboard new providers. Held ongoing RFP meetings with Procurement Department, Contracts Department, and Credentialing Department. Contributed to onboarding new providers regarding children's services expectations.

Major Accomplishments During Period: Out of the five providers who applied to the RFP three providers successfully met minimum qualifications and received updated contracts to deliver services. In addition, DWIHN Community of Care is also a new provider for children services and offers targeted case management, outpatient therapy, home based therapy, and psychiatric services. Lastly, there has been noted improvement with intake appointments occurring within 14 days of the screening date.

Performance Indicator 2a: The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service.

- Goal = 57%

Population	FY24/Q1	FY24/Q2	FY24/Q3	FY24/Q4 <i>Preliminary</i>	FY24 Total
SED	30.21%	51.78% (+)	59.06% (+)	50.72% (-)	49.94%
IDD	21.78%	27.92% (+)	31.44% (+)	56.03% (+)	34.29%
Population	FY23/Q1	FY23/Q2	FY23/Q3	FY23/Q4	FY23 Total
SED	28.81%	31.42% (+)	26.57% (-)	32.49% (+)	29.82%
IDD	28.71%	32.08% (+)	32.60% (+)	46.03% (+)	34.85%

Needs or Current Issues: Ensure there is capacity for members to receive children services.

Plans: Evaluate provider capacity and performance indicators on an ongoing basis. Continue to assist new providers as needed. Incorporate the new screening eligibility code into the performance indicator report to capture additional children special population screenings.

Activity 2: School Success Initiative

Description: The School Success Initiative (SSI) is an evidence and prevention-based mental health program provided to students K-12 in Wayne County. The program aims to ensure that students and families have access to services in school, are provided psychoeducation training and are being helped with reducing the stigma related to receiving behavioral health supports and services.

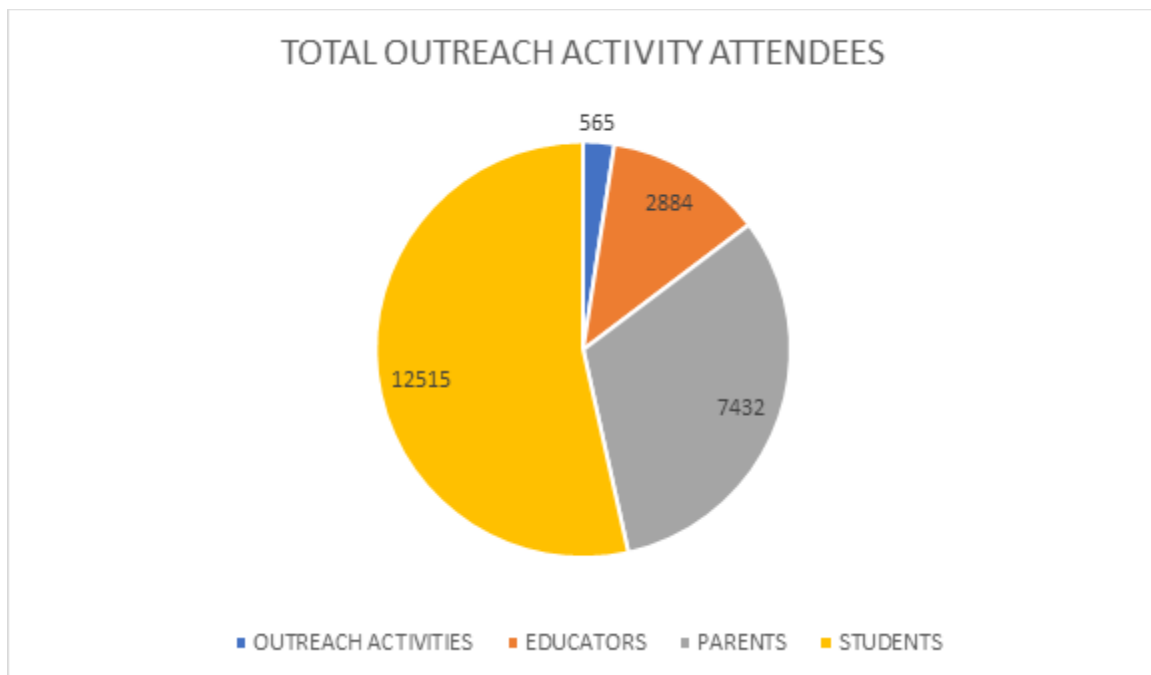
Why is this Important? The SSI program is needed to address the behavioral health needs of students by providing Tier 1, Tier 2, and Tier 3 services to students in school as a result of the administered Strengths and Difficulties (SDQ) questionnaire.

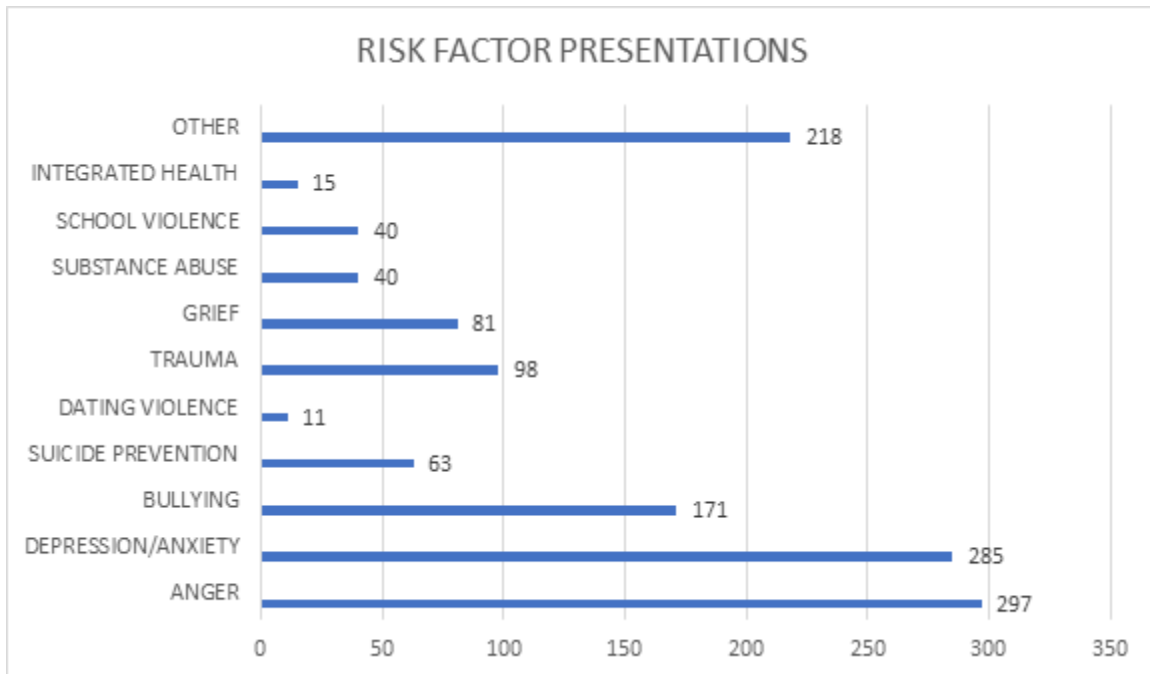
- Tier 1 – Classroom Observation, Conflict Resolution, Consultation, Crisis Intervention
- Tier 2 – Group Prevention, Individual Prevention, Michigan Model for Health, Psychoeducation
- Tier 3 – Enrolled in Community Mental Health Services

Current Status: 8 Children Providers within 72 schools within Wayne County

School Success Initiative	# of Student Received SDQ Screenings	Accepted Tier 1 Services	Accepted Tier 2 Services	Accepted Tier 3 Services	Total # of Students Received SSI Services
FY23	3686	61	590	287	4624 (25% of students accepted)
FY24	2529	30	617	194	3370 (33% of students accepted)

FY24 Total # of Presentations provided to schools = 1,319 presentations





Significant Tasks During Period: Meetings held with Detroit Public School Community District (DPSCD) to address barriers to delivering SSI services due to new background check procedure and memorandum of understanding requirements. Partnered with DWIHN Substance Use Department to develop a strategic plan to train DPSCD staff on Narcan kits. Launched asthma initiative to address the most prevalent health concern among students in the SSI program and incorporated integrated health as a new risk factor to the program.

Major Accomplishments During Period: Issued a Request for Information (RFI) to identify providers to deliver the SSI program. As a result, for FY24 one new provider was added (Team Wellness) and for FY25 two new providers were added (Assured Family Services and DWIHN Community of Care). Collaborated with Child's Hope and the Hope Delivered Initiative of identifying 10 schools in Out-Wayne County to provide laundry supply kit to assist with washing clothes for students who might experience hardships. In addition, partnered with DWIHN Substance Use Department, Youth United, and American Community Council (ACC) to present to students at Pershing High School on the negative effect of marijuana/vaping and explained children services, and prevention activities. There were about 110 (9th – 10th graders) and 60 (11th – 12th graders) in attendance.

Needs or Current Issues: Working with DPSCD regarding therapists completing background checks as well as seeking approval for schools to complete the school readiness checklist and begin offering SSI services.

Plans: Continue to partner with schools in the community to bring awareness to prevention services and support via presentations and mental health and wellness fairs. Finalize the integrated health risk factor presentation for providers to use in schools. Assist the new providers as needed.

Activity 3: Hospital Recidivism

Description: Hospital recidivism is when a member experiences more than 1 psychiatric hospitalization within 30 days of being discharged from the previous psychiatric hospital encounter within a 90-day period.

Why is this Important?: Children in crisis are at higher risk of being placed in hospital settings and unable to receive the full array of community mental health services. It is important hospital discharge planning begins during the onset of the initial crisis screening.

Current Status:

Performance Indicator 10: The percentage of readmissions of children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge

- Goal = Remain below 15%

Hospital Recidivism: FY24	Q1	Q2	Q3	Q4 <i>Preliminary</i>	FY24 Total <i>Preliminary</i>
Children	8.62%	8.82% (+)	15.69% (+)	12.25% (-)	11.34%
Hospital Recidivism: FY23	Q1	Q2	Q3	Q4	FY23 Total
Children	7.51%	8.24% (+)	7.27% (-)	11.58% (+)	8.65%

Significant Tasks During Period: Reviewed and analyzed barriers and gaps such as (identifying crisis screening trends, improving completing crisis plans with members, coordination of care with hospitals and providers, and determining rationale for increase in hospital recidivism during FY24/Q3.

Major Accomplishments During Period: Facilitated crisis plan training for providers and as a result there is an increase with crisis plans completed among providers. Developed the Crisis Clinical Review Form for providers to use as a reference when coordinating with hospitals for hospital discharge planning. Updated the Hospital Discharge Planning Bulletin to provide additional guidance for appropriate services to use for discharge planning purposes. In addition, policies and procedures were updated as well pertaining to crisis screeners and clinicians. Lastly, participate in continual meetings to review members with high risk needs.

Needs or Current Issues: Continue to address hospital recidivism and evaluate trends.

Plans: Review the hospital discharge report regarding utilization of hospital discharge planning services. Continue meetings with providers to discuss high risk scenarios and interventions.

Annual Update

Things the Department is Doing Especially Well:

Shining Star Award: Monica Hampton (Clinical Specialist) was a recipient of DWIHN Shining Star Award.

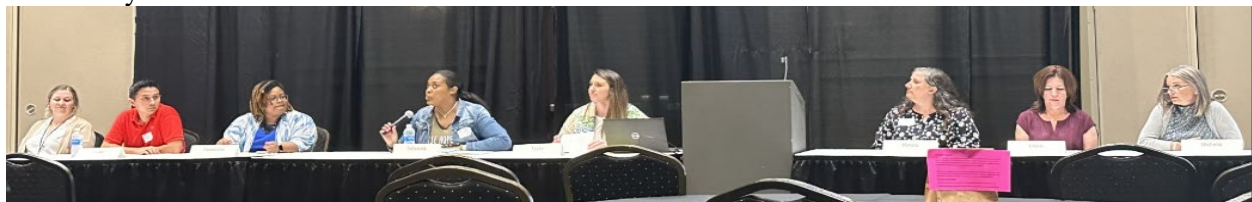
Annual Report to the Community: On 12/7/23, the Annual Report to the Community “Bloom with Hope” occurred as a part of the System of Care Block Grant. During this event, Eric Doeh, DWIHN’s Chief Executive Office, provided the welcoming remarks. Cassandra Phipps, Director of Children’s Initiatives, presented an overview of Connections’ System of Care accomplishments for Fiscal Year 2022-2023. Dr. Rose Moten, Director of Bloom Transformation Center was the keynote speaker who spoke on how to equip people with hope and discussed (7) steps to transformation.



SAVE THE DATE: Annual System of Care Report to the Community Event “Shine Bright Together”

- December 5, 2024 @ 8:30am to 11:30am
- Detroit Marriott Hotel in Livonia

Moving the Torch Conference: Children Initiative Department representatives participated in the Moving the Torch Conference panel discussion on 7/16/2024 with Michigan Department of Health and Human Services (MDHHS) to discuss the benefits of collaboration with child welfare system of care and community mental health.



MichiCANS Initiative: MDHHS developed the MichiCANS screener and comprehensive assessment for children and youth ages 0 to 21st birthday. This tool is used to support Family Driven, Youth Guided care planning and level of care decisions, facilitate quality improvement initiatives, and monitor outcomes of services.

- Wayne County was selected as a pilot site in which DWIHN and The Children Center participated in the Soft Launch Project.
- DWIHN Access Department completed 2,586 MichiCANS screening for FY24
- Hosted 2 MichiCANS Q&A sessions for Providers and Stakeholders to learn more about the implementation of MichiCANS
- Developed MichiCANS data report, new screening eligibility process, service utilization guidelines, and webpage to provide resources: <https://www.dwihn.org/Providers/MichiCANS>

Infant Mental Health and Early Childhood Services: Early Childhood Mental Health Services (ECMHS) promote and support early developing attachment relationships between infants, toddlers, preschoolers, and young children and their families, as well as to reduce the risk of developmental delays and disorders of infancy and early childhood.

Census: During FY24 there were 1,065 infants and toddlers who received services (Note: data is preliminary).

Grants: Partnered with Providers to deliver various grants relating to infants and toddlers specifically.

- Infant and Early Childhood Mental Health Consultation Grant
- Infant and Early Childhood Consultation Expansion Grant

- Infant and Early Childhood Consultation – Home Visiting Grant
- Baby Court Grant

Perinatal Mental Health: Collaborated with Southeast Michigan Perinatal Quality Improvement Coalition (SEMPQIC) to train 12 clinicians for a 2-day Postpartum Depression Screening Training. In addition, supported Maternal Mental Health month; in which, DWIHN Medical Director of Crisis Services, Dr. Mammo participated in Wayne County Women’s Commission panel on 5/8/24 on the topic “From Awareness to Action: Practical Tools for Maternal Mental Health.”

Community Mental Health Association Conference: Cassandra Phipps and Christie Spudowski presented at the Fall 2024 Conference in October 2024 on *Putting Children First: Sharing Solutions for Infants, Toddlers, and Families*.



Trainings: Children Initiative Department hosted the following trainings this year.

- PECFAS Initial and Booster Trainings
- CAFAS Initial and Booster Trainings
- Core Competency
- Children Mental Health Lecture Series
 - Creative Strategies – The Link Between Trauma and Substance Use in Children and Adolescents
 - Be A Safe Place – Addressing Teen Violence
 - Introducing PMTO - Empowering Parents and Caregivers
 - Building Secure Foundations - Understanding Infant Attachment
 - Treatment Foster Care Oregon Model (TFCO)
 - Human Trafficking
 - Creative Strategies for Fostering and Engagement of Children and Families
 - Psychotropic Medications in Children and Adolescents
- Leadership Training Series
 - Creating a Supportive Work Environment
 - Supervision and Peer Support – Leveraging Professional Networks to Manage Burnout and Vicarious Trauma

It is the goal for FY25 to invite parents and members served to also attend the Children Mental Health Lecture Series as well.

Identified Opportunities for Improvement:

Patient Health Questionnaire (PHQ A): Providers complete the screening tool for youth with Serious Emotional Disturbance (SED) designation ages 11 to 17 to screen for suicidality and depression

symptoms. The purpose is to identify depression symptoms and suicidality at the beginning of treatment that can assist with offering the applicable therapeutic interventions.

- Goal to improve initial and quarterly PHQ A

FY24

PHQ A (ages 11 – 17)	Q1	Q2	Q3	Q4	Total
Intake Goal = 100%	99.60%	99.90%	100%	99.50%	99.70%
Quarterly Goal = 95% (score at least a 10)	60.70%	61.90% (+)	63.90% (+)	75.30% (+)	65.40%



Detroit Wayne Integrated Health Network Innovation & Community Engagement FY 2024 - Year End Report Executive Summary

The FY 2024 Year-End Report from the Detroit Wayne Integrated Health Network's Innovation & Community Engagement (ICE) department outlines major initiatives and outcomes aimed at improving mental health, suicide prevention, workforce development, and community wellness in Wayne County. Key highlights include:

1. **Zero Suicide Initiative:** Supported by a five-year SAMHSA grant of \$400,000 per year, this initiative focuses on reducing suicides through comprehensive care, workforce training, screening, and stigma reduction.
2. **Youth Employment and Engagement:** ICE partnered with 13 organizations to place 600 youths in employment roles, conducted a youth conference for 578 attendees focused on resilience and career readiness, and hosted a back-to-school event benefiting 420 families.
3. **Workforce Development:** The department facilitated extensive training on behavioral health, suicide prevention, and trauma-informed care, reaching over 5,000 participants and advancing professional development.
4. **Trauma-Informed and Co-Occurring Disorders Initiatives:** ICE provided trauma-informed care training, held the 10th annual trauma conference, and ran workshops on co-occurring disorders, aiming to better equip providers to handle complex mental health cases.
5. **Justice-Involved Initiatives:** ICE continued its work with jail diversion programs, co-response partnerships, and mental health navigation for incarcerated individuals. The Crisis Intervention Team training continued, with eight 40-hour block courses being provided enhancing crisis response for mental health incidents.
6. **Veteran Support Services:** ICE's Veteran Navigator program supported 284 veterans, assisting with mental health resources, referrals, and employment support through partnerships with local organizations and courts.
7. **Community Engagement and Surveys:** Collaboration with various departments led to the development of satisfaction surveys for mobile crisis services and compliance training, helping track service quality and guide improvements.

Future Goals: ICE plans to further the Zero Suicide initiative, expand the mental health co-response program with law enforcement, and enhance healthcare accessibility through a new mobile clinic. Our broader mission aims to advance mental health resilience, community safety, and equitable care access throughout Wayne County.

Department Overview

Detroit Wayne Integrated Health Network (DWIHN) Innovation and Community Engagement (ICE) Mission – To lead in innovation through strategic program development and workforce advancement across the provider network. We are committed to fostering recovery, resilience, and community wellness by connecting individuals to essential treatment resources and offering continuous support through educational outreach and engagement initiatives.

Primary Focus

1. Special Initiatives
2. Workforce Development
3. Jail Diversion

Building on our crisis prevention and response services, DWIHN applied for and received a SAMHSA grant of \$400,000 per year for five years to support the launch of DWIHN's Zero Suicide Initiative, which aims to eliminate suicides in Wayne County through system-wide culture change, workforce training, comprehensive screening, evidence-based treatment, and care management. The Zero Suicide framework is implemented through seven elements: LEAD, TRAIN, IDENTIFY, ENGAGE, TREAT, TRANSITION, IMPROVE. The population to be served includes adults residing in Wayne County with mental health concerns, specifically suicide ideation and attempts.

DWIHN's Zero Suicide Initiative goals include:

Goal 1: Increase the capacity of DWIHN to lead in a comprehensive, multi-setting approach and system-wide culture change through the implementation of the Zero Suicide intervention and prevention model to reduce suicide ideation, attempts, and deaths in Wayne County, Michigan.

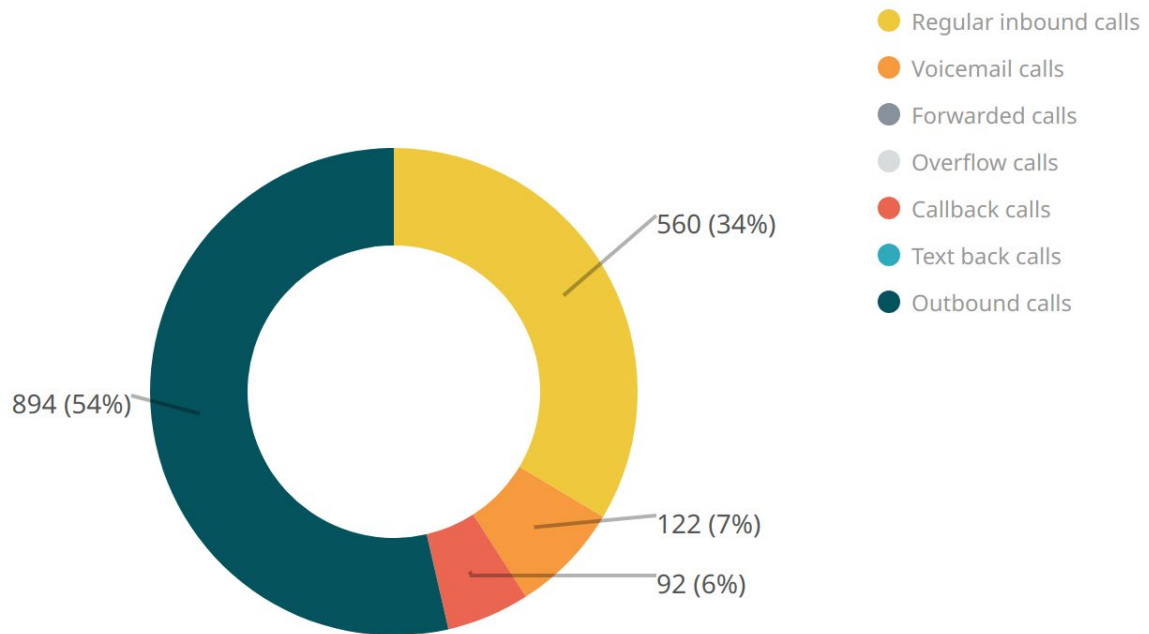
Goal 2: Improve, expand, and coordinate access to and quality of suicide prevention practices, services, and infrastructure delivered across the entire system of care to advance health equity and reduce suicide ideation, attempts, and deaths in Wayne County, Michigan.

Goal 3: Decrease the stigma around suicide and mental health across the entire community so each person at risk for suicide has a supportive network that recognizes the warning signs and knows to alert for help before it is too late.

With funding from the Mobile Crisis grant, a 37-foot F550 bus was acquired to navigate communities, delivering outreach services, suicide prevention, and connections to essential care.

Reach Us Detroit

The Reach Us Detroit Therapy Line continues to be a critical support for Wayne County residents, effective in crisis prevention, crisis interventions, and referrals. This year, there were 1668 incoming/outgoing calls. The highest recorded calls for the year were in July 2024, with 235 calls. This connects with the numerous community losses that occurred. Significant increase in call volume, reflecting both media awareness and improved outreach. There is a clear progression of increasing support with an average call volume of over 100 calls each month.



Summer Youth Employment Program – Assessment Outcome and Activities

The summer youth employment program had fourteen (13) partnering organizations (Alke-Bulan Village, Charter Township of Van Buren, City Connect Detroit, WSU Bio-Career Advancement Program, City of Belleville, Dearborn Police Department, City of Hamtramck, City of Westland, Downriver Community Conference, Life Builders and Eastside Community Network, Charter Township of Redford and City of Highland Park) throughout Detroit and Wayne County – May – September 2024 (5 months). Some organizations decreased the number of employees, as well as outsourced activities with other organizations to maximize their budgets and increase student wages. The total number of participants, 600 were placed with DWIHN and partnering organizations.

An impressive 578 individuals (550 adolescents) gathered for the “Young Professional Conference” on August 2, 2024! This energizing youth event covered essential topics for building resilience in behavioral health, practicing self-care, enhancing social skills, and advancing career development. Attendees engaged in sessions on bullying, conflict resolution, suicide prevention, substance use, financial literacy, and employment readiness, gaining valuable tools for a successful future.

The department hosted the annual Ready Set Succeed Back-to-School Day) serving 420 children and families. We disseminated resources on how to access behavioral health care, offered behavioral health screenings, and provided food and school supplies to the attendees.

Workforce Development

Throughout the year, ICE offered various workshops focusing on behavioral health and suicide prevention awareness. We continued to provide Mental Health First Aid training to 1,226 individuals learned and facilitated Question, Persuade, Refer (QPR) to 716 individuals educating them on the signs and symptoms of mental illness and behavioral clues to address the risk of

suicide. Training was offered to DWIHN staff, the DWIHN provider network, community members, and law enforcement organizations.

In fiscal year 2023-24, 100 live training events and conferences were posted to the DWC training calendar. There were 60 in-person and 40 virtual events. Roughly 5,485 participants registered through the DWC portal, with 4283 attending. With the rapid growth of DWIHN and its network, the use of DWC's online training portal, Detroit Wayne Connect, has increased. For fiscal year 23-24, over 12,000 users accessed the site, completing required online training 188,036 times and Supplementary training 188,550 times. There were 54 Continuing Education Unit (CEU) applications for training, conferences, seminars, and more held by DWIHN and organizations within the provider network.

This fiscal year, staff logged and resolved over 2300 DWC Help Desk requests. These were received via DWC helpdesk, Genesys phone system, DWIHN Access center and interdepartmental referred calls for troubleshooting issues ranging from transcript requests, password resets, and event registration.

Trauma-Informed Care Initiative - Assessment Outcomes and Activities

During FY 24, because of changes within our economic infrastructure, funding was awarded to provide continuing education and a trauma-informed fidelity review with seven (5) partnering organizations. The Trauma-Informed Care Project Initiative strengthened and enhanced professional development of clinicians and administrators through specific evidence-based practice trauma-informed care conferences and training.

DWIHN planned and coordinated the 10th Annual Trauma Conference held on February 16 and 17 from 9 am – 4 pm at Soho Banquet Facility, Westland, MI. The goal of this conference was to advance the development and implementation of evidence-based treatment services to individuals served by the public behavioral health system. The conference focused on the importance of developing and implementing treatment services that can effectively address post-traumatic stress symptoms while also successfully managing the risk of triggering individuals into episodes of mental illness symptoms or substance abuse relapse. There were 294 attendees, who participated in various workshops that identified trauma as a public health concern that impacts the emotional and physical wellness of individuals. Throughout the year, partnering organizations offered specific evidence-based trauma-informed continuing education training, Cognitive Behavioral Therapy, Trauma Empowerment Model (TREM), for 271 individuals.

The 3rd Annual Self-Care Conference was held. The theme was Empowering Wellness and Resilience in Behavioral Health Professionals and was held at the Soho Grand Banquet and Event Facility, Westland, MI. There were 124 attendees that learned more ways to increase positive awareness, help and support for individuals receiving trauma-informed care. The conference offered concepts about the importance of self-care, mental health, wellness, nutrition, physical wellness, and relationships.

Co-Occurring Disorders Initiative – Assessment Outcomes and Activities

During FY 24, ICE increased continuing education training about co-occurring disorders. We hosted the annual Co-Occurring Disorder Mini Conference on June 10, 2024, and a 2-day Co-Occurring Disorder Workshop Series on September 25 and 26. There were approximately 100 attendees who learned about the symptoms of co-occurring disorders, which include those associated with substance use problems and mental health conditions affecting an individual. People with co-occurring disorders are at high risk for additional problems such as

symptomatic relapses, hospitalizations, financial challenges, social isolation, family problems, homelessness, sexual and physical victimization, incarceration, and serious medical illnesses.

Justice-Involved Initiatives

Mental Health Jail Navigator

The Mental Health Jail Navigator referrals remain consistent, **87** individuals were referred and interviewed, met the criteria and were referred to various treatment providers, Genesis House III, Team Wellness Center and/or Christian Guidance Center. Currently, all individuals are being monitored and receiving jail navigation services.

Detroit Police Department Co-Response Partnership

Co-responders had **3707** encounters, Four hundred fifty-nine (**459**) individuals received various resources for mental health, substance use, and homelessness when crisis transport was not needed. A team of 30 individuals organized by ICE offered behavioral health support in partnership with the co-response teams for the 2024 NFL Draft. Staff were available to provide resources, verbal de-escalation, and a display of partnership.

Crisis Intervention Team (CIT) Training

Crisis Intervention Teams help divert people with mental illness away from jail and to treatment. CIT creates partnerships between law enforcement, mental health providers, hospital emergency services, and individuals with mental illness and their families. Through collaborative community partnerships and intensive training, CIT improves communication, identifies mental health resources for those in crisis, and ensures officer and community safety. DWIHN hosted eight (8) CIT 40-hour blocks this year, providing specialized training to 78 officers. Six CIT for call takers/dispatchers courses were provided. Crisis Response Training continued to be offered in the police academy with seven courses being provided to cadets.

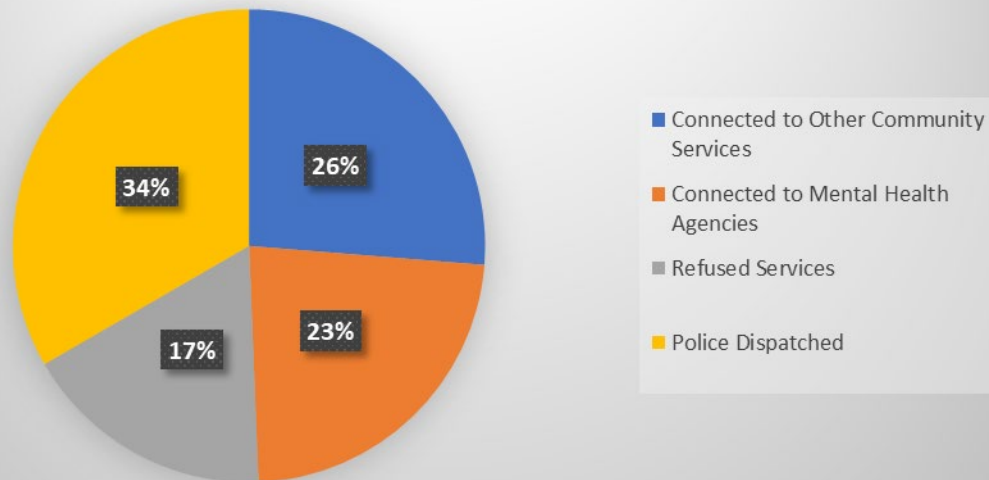
Detroit Homeless Outreach Team (D-HOT)

During the year, DWIHN collaborated with various partners, including the City of Detroit Housing and Revitalization, the City of Detroit Police, and provider partner Central City Integrated Health to offer care and support of basic needs and referral to behavioral and housing services. The team had a total of 2252 encounters. With funding from the Ballmer Foundation, the DHOT van was procured and placed into rotation.

911 Communications Embedded Behavioral Health Specialist

During the year, three (3) 911 Embedded Behavioral Health Specialists (BHS) began working both part and full-time at DPD's Communication Center. Each has assisted with any calls that require mental health support and resources, during the hours of 10 am – 6 pm, 11 am – 7 pm, 9 pm – 2 am (Monday – Friday). There were 173 referred mental health-related calls, all received follow-up support.

911/DWIHN Mental Health 2024 Annual Call Tally



Mental Health Court

Mental Health Court, a post-booking program through Third Circuit Court coordinates with Hegira and All Well Being Services as the assigned providers. The program diverts participants who committed a non-violent felony away from jail/prison and into the community. This is a long-standing strong diversion program that has been running for 13 years. Participants leave the program with employment, schooling, volunteerism, and improved family relations. Below is a painting that a Mental Health Court participant created; staff is considering asking him to teach the participants to paint as an extra-curricular activity.



Veteran Support Services

Veteran Navigator

The Veteran Navigator program aims to strengthen partnerships and improve communication with the VA and community agencies. Key objectives include building awareness of the Navigator's role, streamlining referrals, and enhancing access to resources for veterans and their families. The Veteran Navigator provided support to 284 veterans.

Veteran Contact

Number of New Veteran Contacts for 2023/24	284+ (was not able to record every interaction) Many happen on the street.
Number of Veteran Family Contacts This year	35
Total Number of Veterans served 2 or more times	13
Total number of Connections at an event	Hundreds of interactions
Total number of Connections at an event with Referral for SUD/MH	54
Total of Email <u>Only</u> Contacts (Only contacted by email no other contact)	135
Total Number Phone <u>Only</u> Contacts (Only contacted by phone no other contact)	115

Race

Caucasian	African American	Native American	Hispanic
106	129	2	5
Asian	Pacific Islander	Other/Specify	Undisclosed
0	5		36

Age

20 or less	21-29	30-39	40-49	50-54	55 & Over
0	9	7	21	94	153

Referral to Navigator

Access	Local CMH	SUD	MVAA Resource Center	VCAT Coordinator
67	29	13	46	2
Hospital/Medical Professional 46	Other Source/Specify Jail/Prison, Shelters, VA contracted housing			

Veteran's Treatment Court

Downriver Veteran's Court provides treatment services on misdemeanor cases for veterans with serious mental illness, co-occurring disorders, or substance use disorders caused by service in the United States Armed Services. The program has a strong mentorship component with the

participants. Participant's work at the VFW; courthouse, and American Legion. The program has a partnership with the UAW and Ford for welding training. It is a six-week program that provides a stipend for food and lodging and a job upon completion. Three participants have already completed the program. For one participant, the program allowed him to purchase a house.

Cross-Collaboration

The Crisis Care Department partnered with the ICE Department to develop the Mobile Crisis Contact Follow-Up Survey and the Crisis Care Center Guest Satisfaction Survey. These surveys collect member feedback on the quality of services and resources provided during community visits by the Mobile Crisis Team or stays at the Crisis Care Center on 707 W. Milwaukee.

In collaboration with the Strategic Planning department, the Annual Provider Satisfaction Survey and the Annual Practitioner Satisfaction Survey were created, distributed, and analyzed. These surveys offer organizations and administrators within the provider network an opportunity to provide feedback on the effectiveness of various DWIHN departments, policies, and procedures.

Working with the Compliance department, the Corporate Compliance Training Quiz was designed to test and review knowledge gained in the Corporate Compliance Training for new hires. Monthly summaries of quiz data are provided to the Compliance Officer.

Additionally, the Managed Care Operations and Credentialing departments collaborated with the ICE Department to ensure relevant DWIHN staff and providers have access to the TAP Administration system, supporting training compliance across the organization and its staff.

Summary Statement and Goals for the Coming Year

Looking ahead, we remain focused on building upon this year's accomplishments to expand our reach and impact in Wayne County. Our commitment to innovation and comprehensive care will guide our efforts to improve access to mental health resources, enhance community safety, and strengthen resilience. Working closely with stakeholders, both internally and externally, we will continue to ensure individuals receive the support they need.

Enhance suicide prevention efforts: Strengthen the Zero Suicide Initiative by further embedding the program's principles across the provider network and engaging additional community partners.

Support the justice-involved population: The team will expand the Mental Health co-response program and further develop partnerships with law enforcement to improve outcomes for individuals with mental health needs in the justice system.

Increase community engagement/support equitable access to care: Launch our new mobile clinic to reach underserved communities, enhancing equitable access to healthcare services and ensuring comprehensive support is available for all individuals in Wayne County.



We will continue efforts to advance comprehensive care, community safety, and mental health resilience throughout Wayne County.



**Program Compliance Committee Meeting
November 13, 2024**

**Integrated Health Care
Year- End Report**

Accomplishments in FY 24

Integrated Health Care (IHC) Department goal is to integrate physical health and behavioral health. IHC works with 8 Medicaid Health Plans and 5 Integrated Health Care Organizations (ICO) to aid in better outcomes for members of DWIHN. IHC has a Complex Case Management Team that works directly with individuals who have high medical and behavioral health. IHC provides OBRA assessments to individuals who have behavioral health or developmental or intellectual disabilities who may need a nursing home.

IHC has a big roll in the NCQA certification and during FY24 DWIHN was awarded a three year certification. IHC received 100% of possible points in the categories it is responsible for (Complex Case management and CC1/CC2). Complex Case Management was congratulated on having the best Population Assessment that the auditors have read.

Complex Case Management is an intensive program to engage members who have medical and behavioral health disorders. This program is for 120 days and links members with primary care, behavioral health, transportation, food, housing, in-home services and other independent living skills. Thirty-four cases were served this year, 23 were opened in 2023/24 and 11 were carryovers from 2022/23. Thirteen members met their goals and 2 met 50% of their goals. Nineteen surveys were obtained with all being satisfied with their services. This number decreased from FY23 due to missing one staff member. It is expected that the number of members served will double in FY 25.

Integrated Health Care is in a special project for care coordination activities with two Medicaid Health Plans. This project exists to reduce care gaps for members served and improve HEDIS measures for the population of members that present with care gaps. Bimonthly meetings take place with each plan to determine gap, identify plan to address gap and report outcomes of efforts. Both Medicaid Health Plans have access to the DWIHN HEDIS Scorecard and now members can be stratified by care gaps for medical and behavioral health along with using the risk stratification in CC360. DWIHN and the Medicaid Health Plans can look at HEDIS data and find trends to provide more care to members. During Care Coordination, the goal is to resolve any gaps in care within 90 days. DWIHN and these two health plans agreed early in FY24 that an increase in care coordination was needed, and this was successfully accomplished. In FY 23 only 88 members were served but in FY 24, 342 were served in care coordination. Of those 342 members, 194 had gaps in care provided within 30 days. The other three health plans and 5 ICO's that DWIHN works with will start care coordination in FY 25 per the new contract with MDHHS.

In FY 23, DWIHN began providing OBRA services. The OBRA program is a Federal mandated program that determines if an individual who has Medicaid and a behavioral health need and/or intellectual or developmental disability requires nursing home level of care and what level of treatment.

In the first full year of the program, DWIHN accomplished:

1. OBRA trainer worked with all hospitals and nursing homes on new contacts numbers, email address and agency change.
2. DWIHN hosted with MDHHS the first OBRA training for hospitals and nursing home in Wayne County. This will be provided every 6 months.
3. 6850 referrals were processed in FY 24 compared to 3,551 in FY23.
4. 1374 assessments were completed in FY24 compared to 850 in FY 23.
5. Only 10% of 1374 assessments had pends (questions) from the state. MDHHS expects less than 25%.
6. Congruency with MDHHS on assessments was 97.6%. This means MDHHS agreed with 97.5% of DWIHN recommendations for level of care.

During FY 24, DWIHN and Vital Data updated the HEDIS Scorecard that enables DWIHN to provide all Clinically Responsible Service Provider (CRSP), Medicaid Health Plans and Integrated Care Organizations data as to how the network is scoring as a whole and individually based on alignment. DWIHN added new measures for Certified Community Behavioral Health Clinics (CCBHC), Opioid Health Home (OHH) and Behavioral Health Home (BHH). The Scorecard has data going back to 2019, therefore trends and areas of improvement can be examined, and plans put into place. The Affinite database has all the data behind the claims in the scorecard. This platform displays diagnosis, Rx, physician on claim, and care gaps needed. All individuals who have access to the database can only see the members they serve. DWIHN and Vita Data continue to make improvements and how to expand the platform to provide information to increase integration of care. The Scorecard was rolled out to all CRSP providers and 4 Medicaid Health Plans in November 22. IHC meets with CRSP's every 45 days and reviews certain measures. IHC RN monitors HEDIS Measures and sends out quarterly letters to CRSP CEOs on the current scores and where improvements are needed. Adult Initiatives have new staff who work directly with CRSP to increase scores. IHC performs quarterly lunch and learns on HEDIS measures. All these tasks help increase the HEDIS scores which means more individuals are receiving integrated care to aid in better treatment for their behavioral and physical health.

Measure goals are based on Quality Compass which is what the Medicaid Health Plans base goals on.

HEDIS Scores that improved, Follow-up Care for Children Prescribed ADHD Medication and ongoing Maintenance, Follow up after Hospitalization for adults and children, Adherence to Antipsychotic Medications.

**Scores are based on Jun 24 due to 90-day claims lag.*

**AMM data is not computing properly*

Measure Name	Jun-24	Jun-23	HP Goal
Follow-Up Care for Children Prescribed ADHD Medication Continuation and Maintenance	100	44.44	70.25
Follow-Up Care for Children Prescribed ADHD Medication Initiation	55.94	59.71	58.95
Antidepressant Medication Management Acute Phase	9.87	44.77	66.93
Antidepressant Medication Management Continuation	0.42	27.04	50.71
Metabolic Monitoring for Children and Adolescents on Antipsychotics ages 1-11	6.97	17.49	23.36
Metabolic Monitoring for Children and Adolescents on Antipsychotics ages 12-17	13.87	24.89	32.17
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics ages 1-11	71.65	68.64	67.39
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics ages 12-17	68.96	74.85	71.16
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence ages 13-17	42.86	no data	27
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence ages 18+	21.34	no data	27
Follow-Up After Hospitalization for Mental Illness ages 18-64	48.55	45.64	58
Follow-Up After Hospitalization for Mental Illness ages 6-17	62.54	61.83	70
Follow-Up After Emergency Department Visit for Mental Illness ages 18-64	44.75	45.64	61.05
Follow-Up After Emergency Department Visit for Mental Illness ages 6-17	77.93	84.87	84.33
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	63.73	62.3	80.99
Diabetes Monitoring for People With Diabetes and Schizophrenia	20.94	30	85.71
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic N	46.66	55.53	80.99

Goals for 2025:

1. Provide Care Coordination with all 8 Medicaid Health plans and ICO.
2. Increase Care Plans in CC360, per MDHHS contract DWIHN must have 25% of the members in the risk stratification to have plans in place in CC360. DWHIN is at 28% now.
3. Double the number of members served in Complex Case Management.
4. Decrease the turnaround time for annual OBRA assessments.
5. Increase HEDIS Scores by IHC RN working with local Federal Qualified Health Centers (FQHC) and providers to aid in medical care related to HEDIS Measures.



Detroit Wayne Integrated Health Network
Program Compliance Committee Meeting
Judy Davis, SUD Director
Date: November 13, 2024

Main Activities:

- Post COVID-19 Activities
- Naloxone and Harm Reduction Activities
- CHESS Initiative

PROGRESS ON MAJOR ACTIVITIES

Activity I: Post COVID-19 Pandemic [MHWIN Data](#)

Description: The drug overdose and addiction crisis collided with the COVID-19 pandemic, with the potential to worsen the negative impacts of each for individuals. People who use drugs were more vulnerable to acquiring the virus that can cause COVID-19 and more likely to have worse health outcomes. However, the pandemic also led to opportunities for SUD providers to reach more people. For example, to effectively address the challenges posed by COVID-19, MDHHS allocated additional funds to DWIHN, empowering us to enhance support and services during this critical time.

Current Status: According to the National Institute on Drug Abuse, over 107,000 drug overdose deaths occurred in 2021—a record high driven in part by the isolation and stress resulting from the pandemic. 13% of Americans reported starting substance use as a way of coping with stress related to the pandemic, as highlighted by recent studies from the CDC. Moreover, this population is at a much greater risk for severe health outcomes, with studies indicating that those with substance use disorders are four times more likely to require hospitalization due to COVID-19 complications. Providers played a critical role in addressing this dual crisis. By prioritizing access to substance use disorder treatment, providers helped mitigate the negative impacts of these concurrent epidemics and improve health outcomes for vulnerable populations.

Significant Task during this period: The **ASAM CONTINUUM™** is an electronic assessment tool that allows clinicians to leverage a computerized clinical decision support system. Over five hundred counselors now use CONTINUUM tools for routine assessment and follow-up and nearly 40% of all users are with Sacred Heart. The CONTINUUM database now generates over 12,000 new assessments each annually, exceeding 13,000 admissions.

Major Accomplishments During Period: We have effectively harnessed technology to enhance service delivery while providing critical face-to-face support 24/7. Despite the challenges posed by COVID-19, we remain committed to assisting our clients, implementing strict protocols to manage the virus's impact. Our COVID-19 funding has strategically supported the procurement of essential personal protective equipment (PPE) and COVID test kits. Our dedicated Screening, Brief Intervention, and Referral to Treatment (SBIRT) team, along with trained peer recovery coaches, is actively engaged in distributing kits, conducting SBIRT screenings, and referring individuals to the Detroit Wayne Integrated Health Network (DWIHN). We've also invested in training and conferences to enhance the skills of our staff and clients, covering essential topics like trauma and domestic violence. Additionally, we support recovery events, such as outings to Detroit sports games, providing clients with opportunities to engage in social activities while maintaining sobriety, proving that fun and connection can exist without alcohol or drugs.

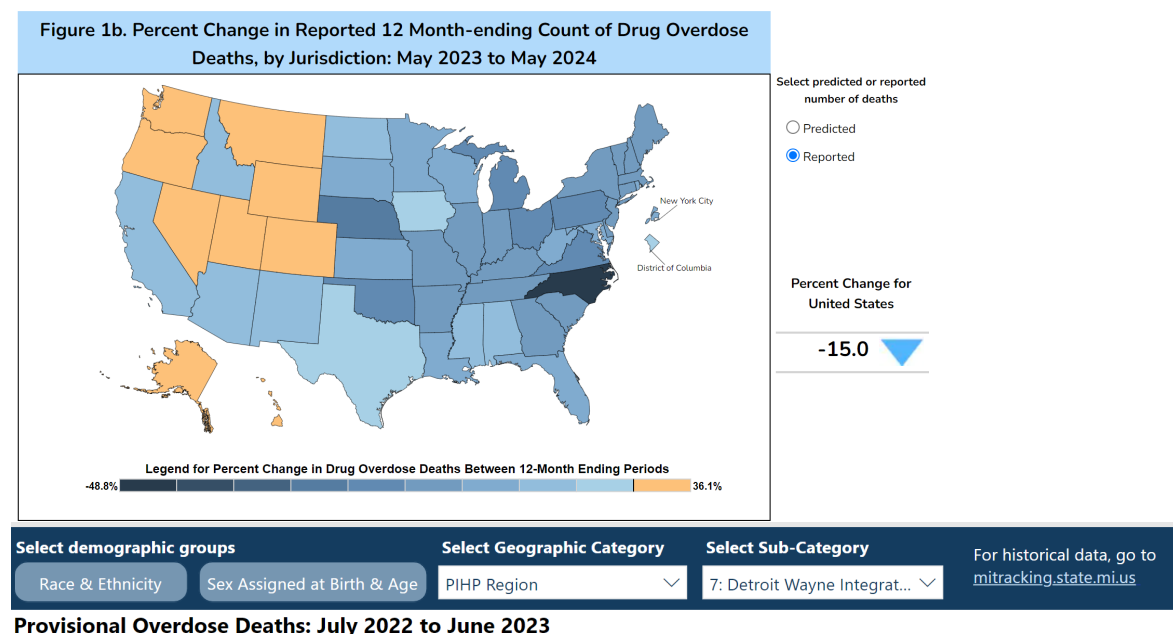
Needs or Current Issues: The ASAM CONTINUUM™ tool has proven invaluable in identifying needs and substance use disorder (SUD) challenges. While we often concentrate on opioids, it's crucial to recognize that alcohol remains our primary concern. We are committed to tackling this issue head-on by generating innovative solutions and driving continuous improvement.

Plans: To effectively combat alcohol abuse, it is essential to increase public awareness through educational materials and social media campaigns, while partnering with local health organizations to facilitate community workshops. Establishing regular support groups for individuals struggling with alcohol use, both in-person and online, can provide valuable assistance and encourage participation through collaboration with community centers. Additionally, implementing routine screenings in healthcare settings, workplaces, and schools, along with training providers to use assessment tools like AUDIT, will enable early identification and intervention for those in need.

Activity II: Overdose Deaths Decline but Not Equally Across All Populations [cdc.gov](https://www.cdc.gov)

Description: Recent CDC data reveals a significant decline in overdose (OD) deaths across the U.S., with a reduction of nearly 15%. In Michigan, this trend is even more pronounced, as overdose deaths have decreased by approximately 20%. With a decline of nearly 15% over the past year. This marks a significant step forward in addressing the overdose crisis that has affected countless communities nationwide.

Current Status: The chart below delves into the latest insights, focusing on the number of saves for the last quarter. It vividly depicts our status, highlighting an engaging visual summary of where we stand.



Rate by Race

American Indian or Alaska Native

Asian or Pacific Islander

Black 71.4

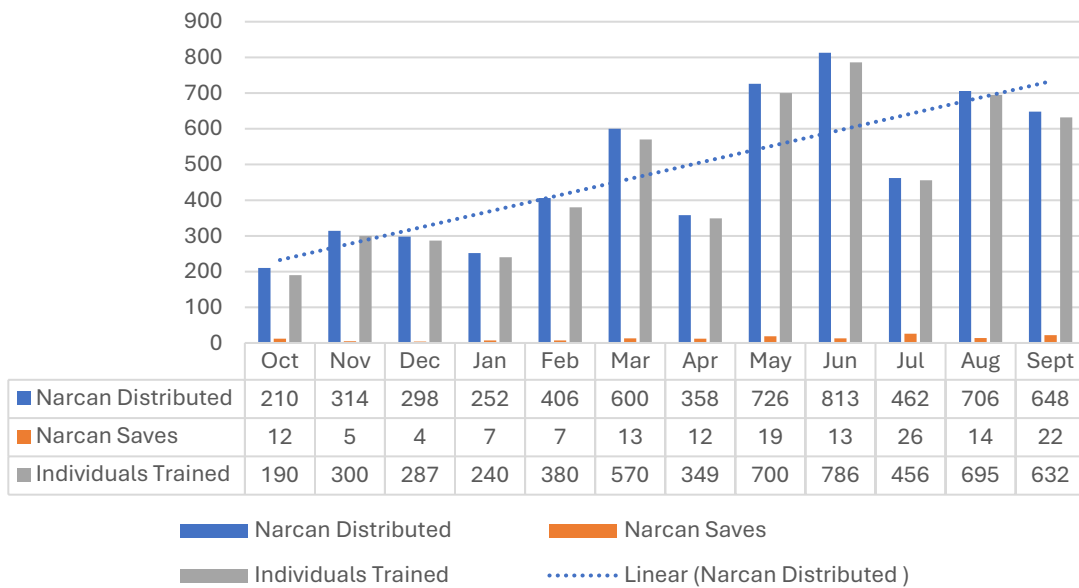
White 35.8

0

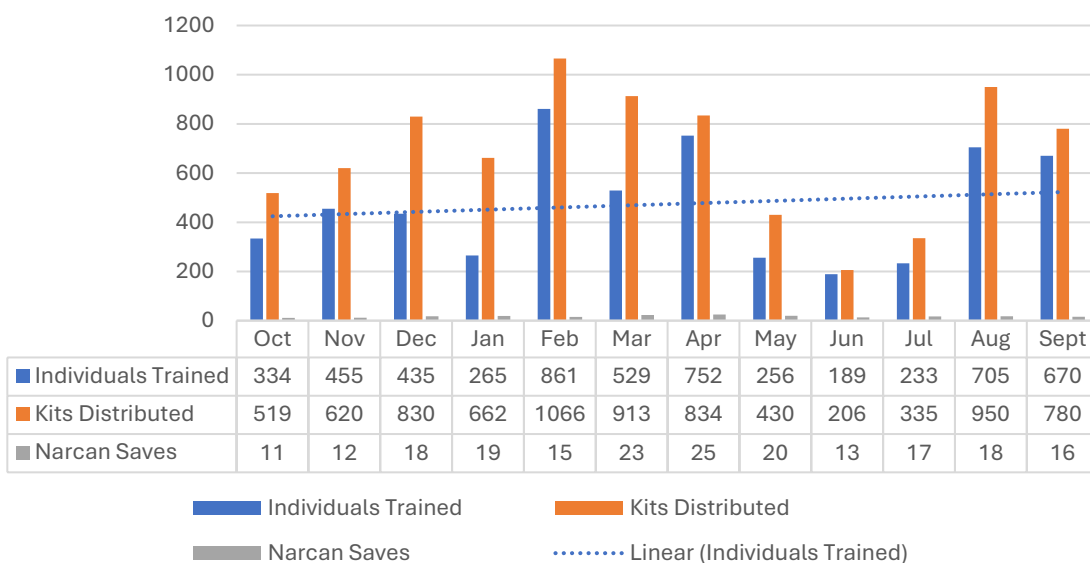
50

Deaths per 100,000

SUD - Naloxone and Distribution (FY23)



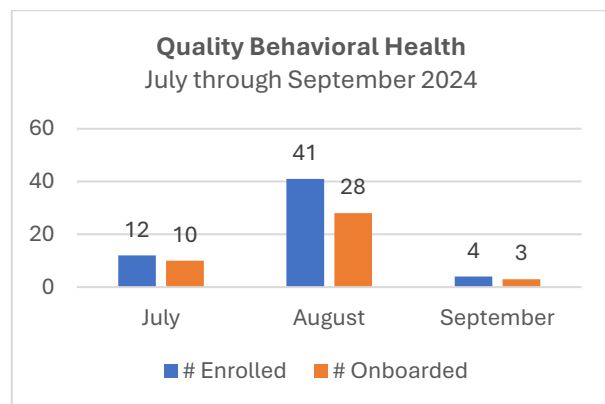
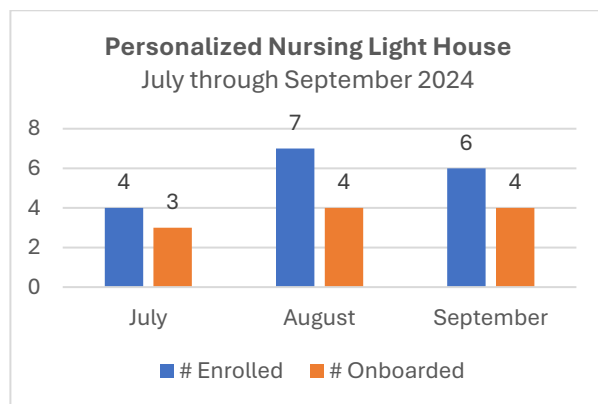
SUD - Naloxone and Distribution (FY24)



Activity III: E CHESS Health Initiative <https://eab.chesshealth.net>

Description: The CHESS Health Analytics tool offers a groundbreaking approach for DWIHN to access and manage member data comprehensively. This platform streamlines the viewing and extraction of essential information, enabling a deeper insight into member progress and outcomes. It has proven to be an invaluable asset for providers wanting to improve their programs.

Current Status: Quality Behavioral Health successfully enrolled its first member on July 17, 2024, marking a significant milestone in its journey. Shortly thereafter, PNLH celebrated the enrollment of its first member on July 31, 2024. Despite this achievement, PNLH's initial progress was somewhat hampered due to staffing constraints, leading to a slower start compared to Quality Behavioral Health. This situation underscored the importance of adequate staffing in ensuring a smooth and efficient operational flow right from the onset.



Significant Tasks During Period: At the close of July, the total number of members enrolled stood at 18. By the end of September, this number had impressively risen to 76, marking a substantial 322% increase in enrollment. This significant growth demonstrates the remarkable success and expansion of the program over just a two-month period.

Major Accomplishments During Period: Wayne County is experiencing positive strides in the battle against youth substance abuse, highlighted by the accomplishments of DWIHN. The SUD Department has spearheaded initiatives that have successfully lowered youth usage rates of key substances. Remarkably, this achievement comes at a time when substance use rates have been on the rise statewide, excluding cigarette smoking which, similarly to Wayne County's targeted substances, has also seen a downtrend. Additionally, there will be a focus on implementing evidence-based practices and developing supportive recovery environments to help adults successfully navigate their recovery journeys. By prioritizing these initiatives, Wayne County aims to create a healthier community and further reduce alcohol-related issues among its residents.

Needs or Current Issues: Enrolling members into programs presents several challenges, including a lack of awareness about available services, accessibility issues, the complexity of enrollment processes, perceived irrelevance, concerns over privacy, socioeconomic barriers, and cultural and language differences. Overcoming these obstacles necessitates a comprehensive strategy that simplifies the enrollment process, enhances educational outreach to improve program visibility, ensures accessibility for all potential members, addresses privacy and trust concerns, and tailors programs to meet the diverse needs and contexts of the target audience. Successfully tackling these issues is crucial for increasing enrollment and ensuring that the programs reach and benefit the intended populations.

Plan: Our strategy for engaging in members' group meetings revolves around proactive involvement in discussions to both access and enhance outcomes. We are dedicated to offering thoughtful feedback, exchanging experiences, and working together on strategies that bolster our shared objectives. Utilizing the varied insights within the group, we aim to pinpoint opportunities for enhancement, devise innovative solutions, and put into practice effective methods that lead to favorable outcomes.



November 13, 2024

Strategic Plan – Quality Pillar Report

Program Compliance Committee Status Report

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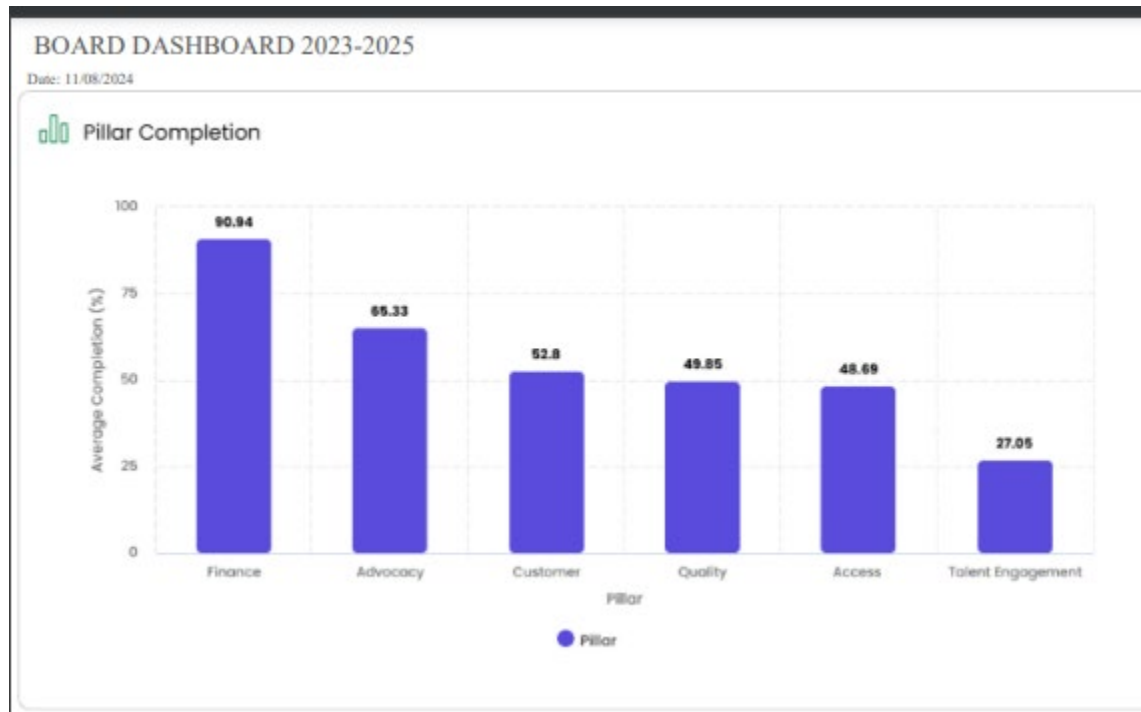
Quality Pillar _____ 7

To our board members:

Our commitment to social responsibility includes a dedication to transparency, collaboration and stakeholder engagement as a core component of our business and sustainability strategy, our monthly reporting process, and our activities within the county.

Our Strategic Planning Status Report is our report to our board members. It tells how we are performing against key indicators that measure our performance against the Access, Customer and Quality Pillars and impact in the areas that matter most to our stakeholders.

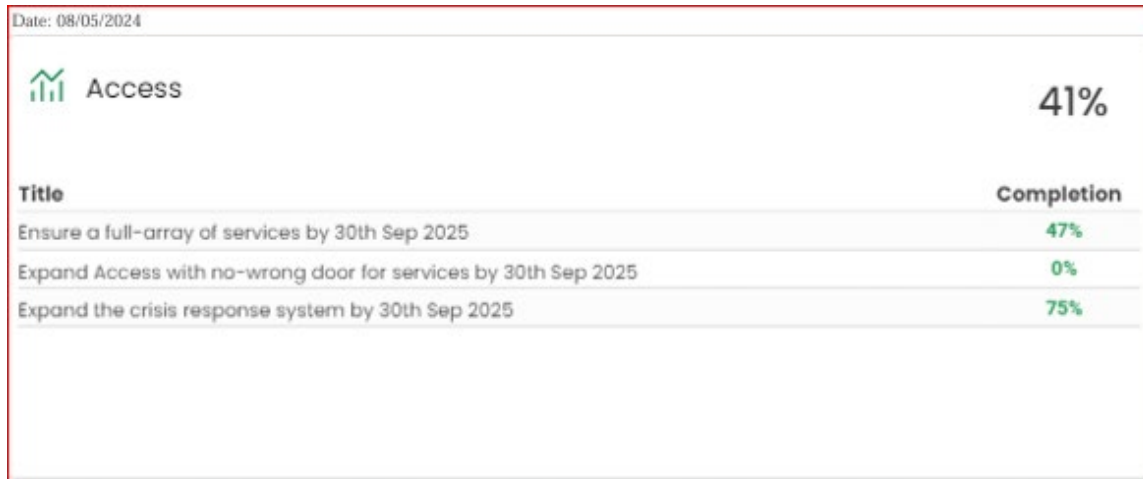
Pillar Dashboard Summary



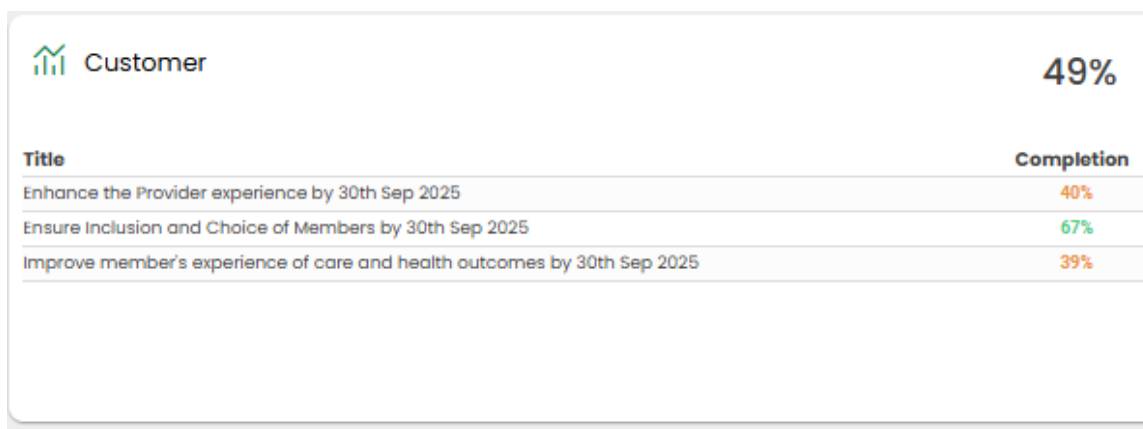
There are three (3) pillars that are under the governance of the Program Compliance Committee: Access, Customer and Quality.

Summary of Pillar Status

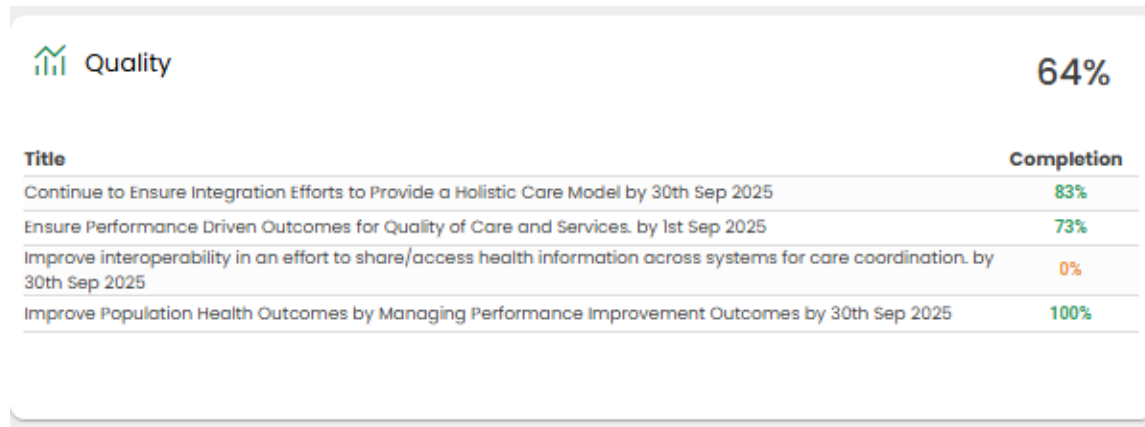
Access Pillar is presented under the leadership of Grace Wolf, Vice President of Crisis Care Services. Overall, we are at 41% completion on this pillar. There are three (3) goals under this pillar. They currently range from 47% - 75% completion.



Customer Pillar is presented under the leadership of Michele Vasconcellos, Director of Customer Service. Overall, we are at 49% completion on this pillar. There are three (3) goals under this pillar. They range from 39% - 67% completion.



Quality Pillar is presented under the leadership of April Siebert, Director of Quality. Overall, we are at 64% completion on this pillar. There are four (4) organizational goals. They range from 0% to 100% completion for the high-level goals.



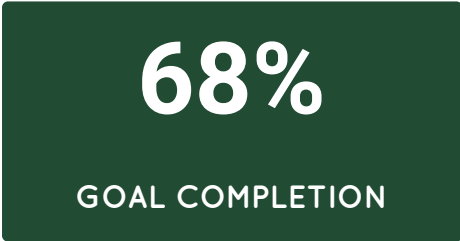
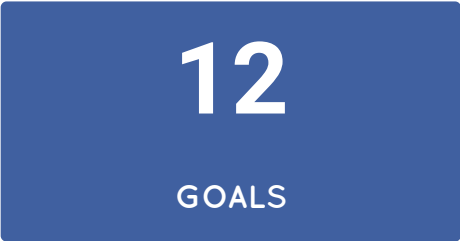
A detail report of this pillar will follow.

Quality Pillar

Detailed Dashboard

Program Compliance Committee Meeting

November 13, 2024



● Draft ● Not started ● Behind ● On Track ● Nearly There ● Overdue ● Complete → Direct Alignment ----> Indirect Alignment

2023-2025 DWIHN PLAN

QUALITY

Goal	Details	Owner	Co-own...	Start Date	Due Date	Task	Update	System ...	Current ...
Continue to Ensure Integration Efforts to Provide a Holistic Care Model	Identify practices that are person-centered with the aim to integrate physical and mental health.	Manny Singla Executive Vice President of Operations	-	10/01/2022	09/30/2025			No activity recorded	83%
→ Expand CCBHC demonstrati model	Implement and expand from one site to six or more.	Manny Singla Executive Vice President of Operations	Ebony Reynolds Emily Patterson	10/01/2022	09/30/2025			NEW Shana Norfolk on 11/08/2024: Progress: 9% ▶ 85%	85%
→ Open Community Care Center for Direct Services to members	Launch site for delivery of services	Manny Singla Executive Vice President of Operations	Ebony Reynolds	01/01/2024	09/30/2025			NEW Shana Norfolk on 11/08/2024: Progress: 0% ▶ 80%	80%

Goal	Details	Owner	Co-own...	Start Date	Due Date	Task				Update	System ...	Current ...
Ensure Performance Driven Outcomes for Quality of Care and Services.	Ensure fidelity reviews quarterly beginning October 1, 2022 through September 30, 2025	April Siebert Director of Quality Improvement	-	10/01/2022	09/01/2025						NEW Allison Smith on 11/06/2024: Progress: 0% ▶ 40.25%	73%
		Maria Stanfield Director of Strategic Operations	-	10/01/2022	06/01/2024					Shana Norfolk: Update/Accomplishment: No value Challenges: No value Next Steps: Full accreditation by NCQA as of May 14, 2024. 06/27/2024	Shana Norfolk on 06/27/2024: Progress: 73% ▶ 100%	100%
→ Achieve NCQA Re-Accreditation												
→ Engage all Behavioral Health CRSP using the Risk Matrix : 12 Events		Ortheia Ward Sr. Network Manager	Rai Williams Jacquelyn Davis Shana Norfolk	10/01/2023	12/31/2025	Q1 2023 CRSP Risk Matrix Meetings PNM will meet with 20 Behavioral Health CRSPs.	Due: 12/31/2022	Ortheia Ward	Ortheia Ward 08/12/2024 : Conducted 27 meetings during this quarter.	☑ Maria Stanfield: Update/Accomplishment: Provider going out of business noted as risk for goal in Pillar. Challenges: @Allison Smith and @Ortheia Ward please note that OT Ward has presented a risk as it relates to provider going out of business. This could potentially affect the overall satisfaction rate as a mean score if provider total is taken into consideration for this pillar or goal. Please address collectively to mitigate this risk. Next Steps: See above 08/12/2024	NEW Allison Smith on 11/07/2024: ✓ Completed Task Q4 2024CRSP Risk Matrix Meetings assigned to Sr. Network Manager (Ortheia Ward)	67%
						Q1 2024 CRSP Risk Matrix Meetings PNM will review Risk Matrix with CRSP during 30-45 day meetings with all 20 B.H. CRSPs	Due: 12/31/2023	Ortheia Ward	Ortheia Ward 08/12/2024 : Conducted 21 meetings during this quarter.	☑		
						Q1 2025 CRSP Risk Matrix Meetings PNM review of CRSP Risk Matrix with all 20 Behavioral Health CRSP.	Due: 12/31/2024	Ortheia Ward	-	☐		
						Q2 2023 CRSP Risk Matrix Meetings PNM will review Risk Matrix with	Due: 03/31/2023	Ortheia Ward	Ortheia Ward 08/12/2024 : Conducted 30 meetings	☑		

Details	Owner	Co-own...	Start Date	Due Date	Task	Update	System ...	Current ...	
					<div>CRSP during 30-45 day meetings with all 20 B.H. CRSPs</div> <div>Q2 2024 CRSP Risk Matrix Meetings</div> <div>PNM will review Risk Matrix with CRSP during 30-45 day meetings with all 20 B.H. CRSPs</div> <div>Q2 2025 CRSP Risk Matrix Meetings</div> <div>PNM review of CRSP Risk Matrix with all 20 Behavioral Health CRSP.</div> <div>Q3 2023 CRSP Risk Matrix Meetings</div> <div>PNM will review Risk Matrix with CRSP during 30-45 day meetings with all 20 B.H. CRSPs</div> <div>Q3 2024 CRSP Risk Matrix Meetings</div> <div>PNM will review Risk Matrix with CRSP during 30-45 day meetings with all 20 B.H. CRSPs</div> <div>Q3 2025 CRSP Risk Matrix Meetings</div> <div>PNM review of CRSP Risk</div>	<div>during this quarter.</div> <div>Due: 03/31/2024 Ortheia Ward</div> <div>Due: 03/31/2025 Ortheia Ward</div> <div>Due: 06/30/2023 Ortheia Ward</div> <div>Due: 06/30/2024 Ortheia Ward</div> <div>Due: 06/30/2025 Ortheia Ward</div>	<div>Ortheia Ward</div> <div>-</div> <div>Ortheia Ward</div> <div>-</div> <div>-</div>	<div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div> <div><input checked="" type="checkbox"/></div> <div><input checked="" type="checkbox"/></div> <div><input type="checkbox"/></div>	

Details	Owner	Co-own...	Start Date	Due Date	Task				Update	System ...	Current ...
					<div>Matrix with all 20 Behavioral Health CRSP.</div> <div>Q4 2023 CRSP Risk Matrix Meetings PNM will review Risk Matrix with CRSP during 30-45 day meetings with all 20 B.H. CRSPs</div> <div>Q4 2024CRSP Risk Matrix Meetings PNM will review Risk Matrix with CRSP during 30-45 day meetings with all 20 B.H. CRSPs</div> <div>Q4 2025 CRSP Risk Matrix Meetings PNM review of CRSP Risk Matrix with all 20 Behavioral Health CRSP.</div>						
	April Siebert Director of Quality Improvement	-	10/01/2023	09/30/2025	Submit CAP to State of Michigan	-	Shana Norfolk	-		<div>NEW</div> Allison Smith on 11/07/2024: Progress: 0% ▶ 43.22%	43%
	Justin Zeller Clinical Specialist Performance Monitor	Tania Greason April Siebert	10/01/2023	12/31/2025						Shana Norfolk on 06/06/2024: Data point: 43.85% for 31-12-2023 deleted	80%

Goal	Details	Owner	Co-own...	Start Date	Due Date	Task				Update	System ...	Current ...
Improve interoperability in an effort to share/access health information across systems for care coordination.	Enable Interoperability using HIE(Health Information Exchange) to share data between care coordinating agencies, providers, health plans, and hospitals to provide the provider a holistic view of the health of the individual.	Keith Frambro VP of IT Services	-	10/01/2022	09/30/2025	F/U with interoperability of health data Discuss with @Shana Norfolk and @Allison Smith ongoing detailed interoperability needs between the network and IT.					No activity recorded	0%
	Implement the ability to review CRSP provider progress notes, HIE'd from the CRSP EMR system	Keith Frambro VP of IT Services	-	10/21/2022	09/30/2025						No activity recorded	0%
Improve Population Health Outcomes by Managing Performance Improvement Outcomes	Create a more complete picture of the individual and address the root cause of complex health needs	Melissa Moody VP of Clinical Operations	-	10/01/2022	09/30/2025						NEW Allison Smith on 08/05/2024: Progress: 0% ▶ 100%	100%
	Utilize digital health platform to track scores over time to report on improvements or setbacks and implement interventions to improve practices based upon the data.	Maria Stanfield Director of Strategic Operations	-	10/01/2022	09/30/2025						NEW Allison Smith on 08/05/2024: Marked goal as completed	100%

Program Compliance Committee
Vice President of Clinical Operations' Report
November 2024

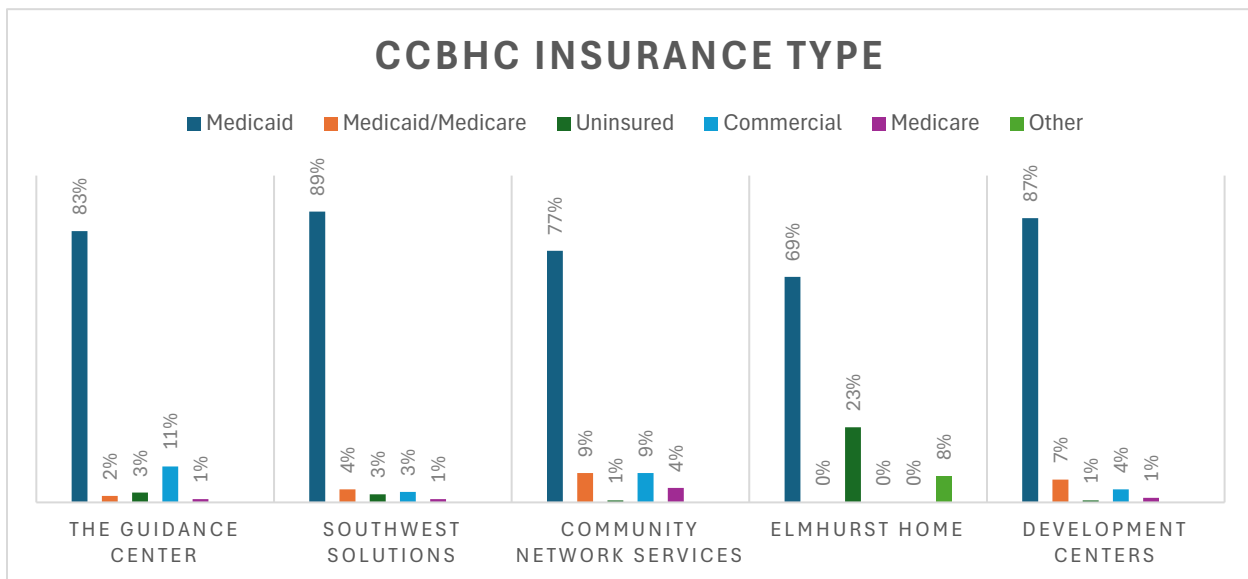


CLINICAL PROGRAM UPDATES

HEALTH HOME INITIATIVES

Certified Community Behavioral Health Clinic (CCBHC) - 12,333 members enrolled.

The Health Home team continues to support Hegira as a new CCBHC State Demonstration Expansion site. The number of CCBHC enrollees is expected to climb to approximately 16,000 by the time Hegira has rolled their CCBHC eligible population into the demonstration. The below graph demonstrates member insurance type by CCBHC provider. DWIHN is missing this information from ACCESS as they did not provide the required data to MDHHS and have been placed on a Plan of Correction.



Mark Matthews, CCBHC Program Analyst, started with the Health Home team in mid-October. Mark will serve as a key technical assistance contact and liaison for demonstration sites in the region and create, direct, and implement CCBHC demonstration policies and procedures. The Health Homes team is hard at work implementing the many changes required in the CCBHC Handbook for FY2025. The results of the Fiscal Year 23-24 State reported outcome measures will be available in March of 2025.

Behavioral Health Home (BHH) - 807 members enrolled - The Health Home team will be presenting two new sites for the Board's consideration to join the BHH program: Elmhurst Home and Neighborhood Service Organization. The Health Home team is focused on providing data to our provider partners to ensure effective utilization of Health Home services and improved outcomes; both for Pay for Performance Measures and for the general health status of members in the programs. Key activities include development of ADT reports to flag health events among

Health Home beneficiaries, and a 30/60/90-day report sent to providers to encourage consistent engagement with enrollees.

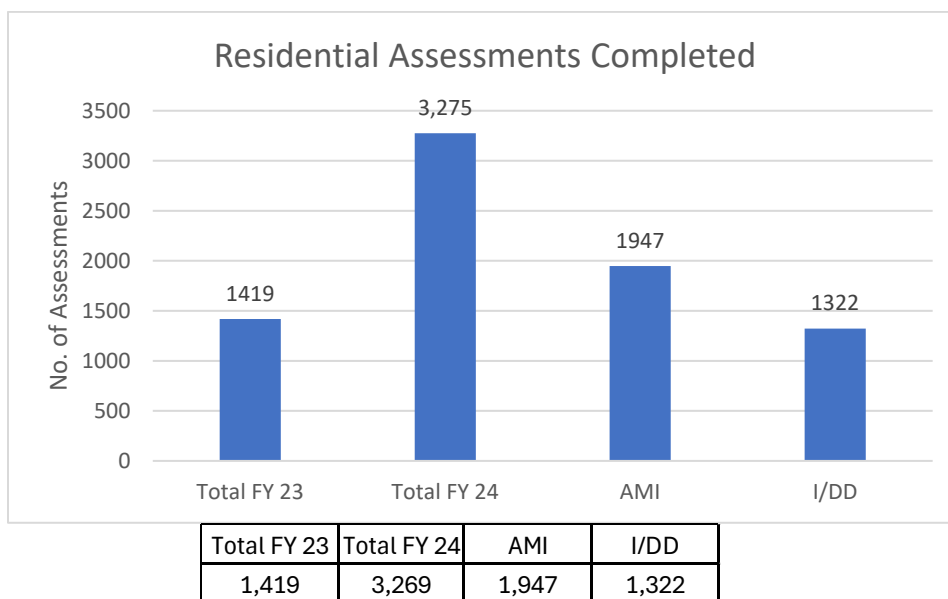
Substance Use Disorder Health Home (SUDHH) - 663 members enrolled - The diagnosis expansion was effective October 1st and includes stimulant use disorder and alcohol use disorder. This has resulted in approximately 130 new enrollments thus far, and the majority of those members indicate an issue with alcohol use disorder. The Health Home team will be presenting a new site for the Board's consideration to join the program: Elmhurst Home.

FY23-24 Health Home Highlights - This was a big year for CCBHC expansion; certified providers in Wayne County expanded from a single provider to six providers. The DWIHN CCBHC PIHP team provided technical assistance to all six of these providers in their initial onboarding and FY24 recertification with MDHHS. In fiscal year 2023, DWIHN's Health Homes achieved 5 of 6 Pay for Performance measures set by MDHHS, and Region 7 was awarded a total of \$183,603.35 in Pay for Performance dollars across both health home programs. The team is very focused on these measures and improving outcomes in the current measurement year and beyond.

RESIDENTIAL SERVICES

There are currently 2,878 members (1,374 AMI; 1,504 IDD) receiving residential services through the Detroit Wayne Integrated Health Network (DWIHN). This includes persons living in either specialized residential settings or semi-independent placements.

Residential Assessments - For Fiscal Year 2024, the Residential Services Department was tasked with ensuring that all new and existing members had up to date residential assessments that were reflective of their current needs and abilities. It is important that all members have updated assessments to ensure that they are receiving the medically necessary services suited to their condition.



The Residential Services Department continues to make progress on ensuring that all members have up to date assessments. The department completed the process of updating all AMI assessments in April and has since progressed to updating I/DD assessments. The department completed a total of 3,269 residential assessments over FY24. 1,947 were completed with the AMI population and 1,322 were completed with the I/DD population. This is compared to 1,419 total assessments completed for FY 23.

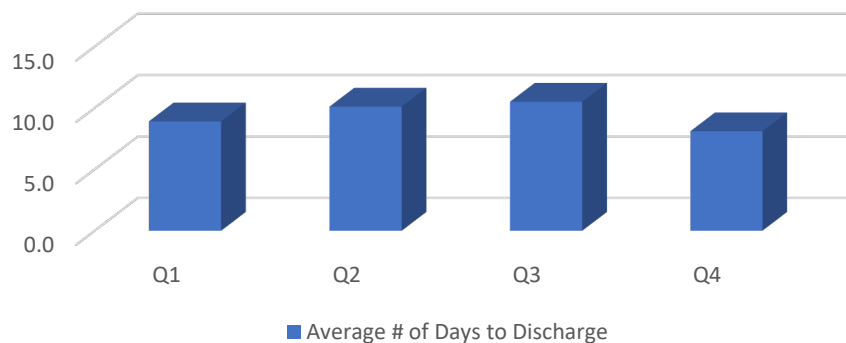
To maintain compliance with ensuring that assessments are updated annually, the department adopted a forward-thinking approach. The Authorization Unit Manager provides a report of expiring treatment plans three (3) months in advance. This allows time for Residential Care Specialists to coordinate with provider staff to ensure completion. We are working with the Information Technology Department to refine a report that indicates assessments that are overdue and allows management to track progress.

FY23-24 Residential Service Highlights - The Residential Services Department saw outcome improvements (reductions) in both the number of member hospitalizations and the time it takes for members to be discharged from a hospital to a residential setting. Regarding members residing within residential facilities, DWIHN saw the highest number of members hospitalized in Quarter 1 with a continued decline in hospitalizations over the course of the year. Additionally, in June 2004 the Residential Department had implemented an internal plan to decrease the number of days it takes to assist a member to discharge from a hospital setting into a residential setting. Initial reports are promising, and the department will continue to assess, monitor, and modify the plan to continue to decrease these timeframes.

Inpatient Hospitalizations

	Q1	Q2	Q3	Q4
Total # inpatient per UM reporting	2,344	2,345	2,270	2,148
# of residential inpatient referrals	130	110	116	83
Average % of residential inpatient	5.50%	4.60%	5.10%	3.09%
# of members discharged during period	133	111	125	77

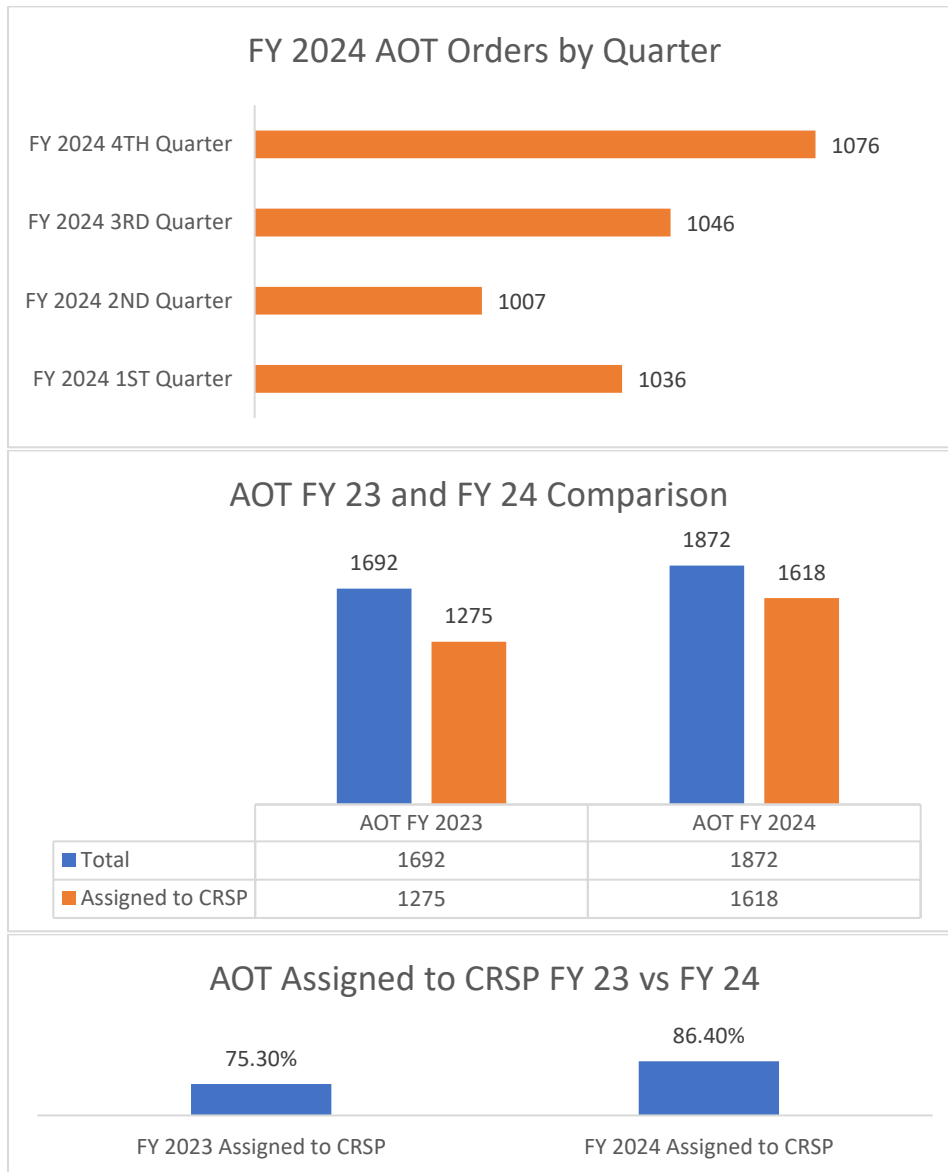
Average # of days from Assessment to Discharge



	Q1	Q2	Q3	Q4
Average # of Days to Discharge	8.9	10.1	10.5	8.1

ADULT INITIATIVES

Assisted Outpatient Treatment (AOT) - A civil commitment that places individuals diagnosed with a severe mental illness and a history of nonadherence to voluntary treatment under court order to follow a prescribed treatment plan while living in the community. Wayne County Probate Court (WCPC) has created a Behavioral Health Unit (BHU) to provide oversight and assist in ensuring AOT compliance. FY 2024 AOT data is outlined below:



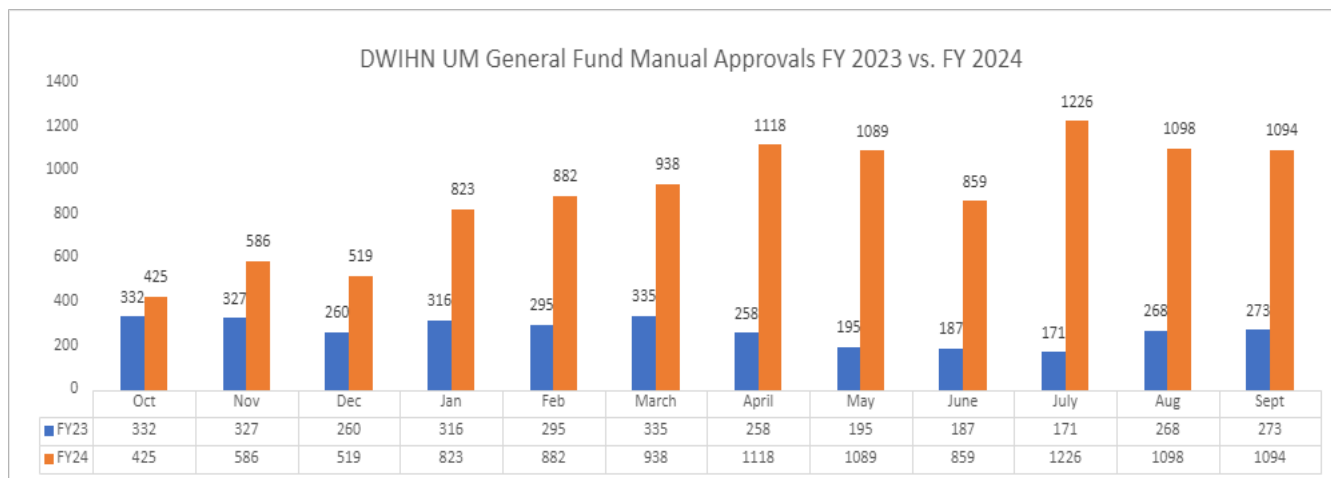
Adult Initiatives expanded the AOT team to include two coordinators, a care manager, and a peer support specialist. With the addition of these staff members, the AOT Team will be able to monitor the orders and collect and analyze data more efficiently. Adult Initiatives has worked with our providers to increase their attendance at deferral conferences and court hearings regarding AOT petitions. Providers have reported positive feedback regarding notifications and explanations of the deferral procedure. The team launched a monthly AOT/NGRI workgroup in April 2024 to

provide education, feedback and problem-solving for providers navigating the administration of the orders. In addition to the monthly workgroups, CRSP have the opportunity for individualized training by request.

Adult Initiatives increased collaboration with Wayne State University's Center for Behavioral Health and Justice on the Foundational Strengthening Initiative grant. DWIHN was one of ten counties awarded this grant to strengthen their AOT processes, procedures, and practices. The role that CBHJ's AOT initiative team will have in this project is to be a facilitator in executing technical assistance and data collection. The State has recently proposed that all persons with mental illness who have been charged with a misdemeanor be put on an AOT.

UTILIZATION MANAGEMENT (UM)

The General Fund (GF) Exception process is designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway. There was a significant increase in General Fund Exception manual approvals between FY-23 & FY-24, following termination of the Pandemic Emergency Order. During the Order, changes were made to Medicaid program eligibility, administration, and policies to prevent beneficiaries from losing health insurance. Now, many members are no longer eligible or failing to take the necessary steps to keep their benefits active (e.g., missed redetermination dates).



To address this increase, the UM Department implemented the following:

- Revised General Fund Benefit Grid.
- Utilization Management met with leaders and subject matter experts from Autism Services and Residential Services to discuss provisional tracking measures and procedural updates to accompany the rollout of the revised benefit grid.
- Utilization Management has scheduled meetings with Autism Services and Residential Services to review and update procedures for managing members utilizing General Fund. This includes the development of a clinical consultation referral procedure for cases presenting with extenuating circumstances, prior to rendering a disposition.
- UM worked with DWIHN's Quality Department to do an internal plan to educate members on the importance of timely benefit application.

- Providers are tasked with taking greater responsibility and accountability for managing these GF cases. This will also require amendment of some internal DWIHN processes and procedures. As noted in previous reports, we fully acknowledge that some members will experience extenuating circumstances. These requests will be reviewed by our team on a case-by-case basis.
- Department leadership is also working with the General Fund UM Specialist in updating verbiage within CRSP communications, as well as how to effectively communicate changes in the benefit grid to the provider network at large.

FY23-24 Utilization Management Highlights - The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).

The HSW program continues to exceed the State program requirement of 95% slot utilization. This improved performance resulted in the State providing DWIHN 41 additional HSW slots for our members. DWIHN's HSW utilization was 97.6% in the month of October; this is after being provided the additional 41 additional HSW slots on 10/1/24.

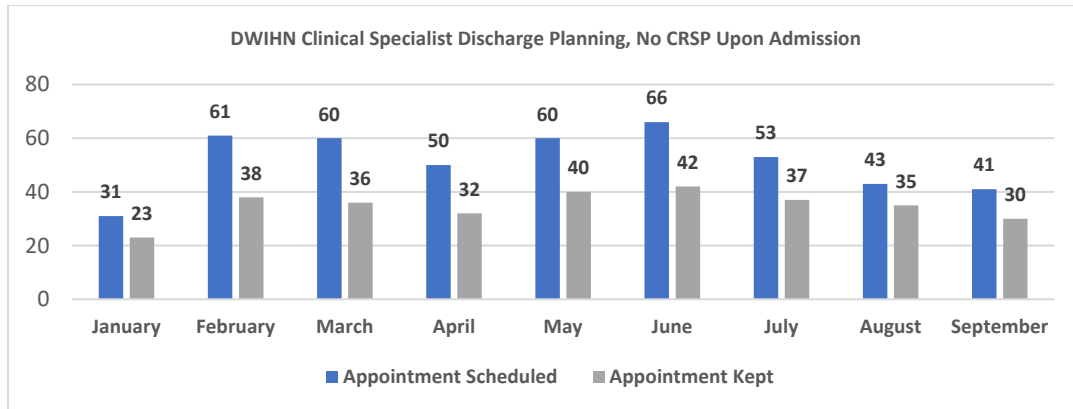
HSW Utilization Fiscal Year 2023-24												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084	1078	1082	1082	1082
Available	22	4	0	0	1	1	1	0	0	2	2	2
New Enrollments	12	27	10	4	6	8	4	4	8	3	13	22
Disenrollments	2	4	2	2	5	3	1	9	2	8	2	2
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.8%	99.8%	99.8%

In addition, The UM Director has initiated a Tri-County Utilization Management Workgroup, where DWIHN, Macomb County CMH, and OCHN can share ideas, align processes, and promote consistency in communication with mutual providers. The UM Department has received valuable information from other counties to assist in providing more departmental efficiency, including the addition of Substance Use Disorder Service Utilization Guidelines.

CRISIS SERVICES

Inpatient discharge planning - Beginning in January 2024, Clinical Specialists in the PIHP Crisis Services Department met with members admitted to an inpatient level of care without an assigned provider, face-to-face at Beaumont Behavioral Health (BBH), BCA Stonecrest, and Henry Ford Kingswood (HFK). The team ensured members were engaged in their own discharge planning, identifying barriers and supports for a successful transition to services in the community.

Current Status:



The PIHP Crisis Team saw 465 members face-to-face in FY 23-24 and helped support 313 members to attend their aftercare appointments after their inpatient hospitalization. The Clinical Specialists were able to work with DWIHN Access, the member, and the assigned provider to connect members to their chosen provider for ongoing treatment services in the community. The team has recognized the need to expand these services and to identify areas of need within claims data. The team will identify hospitals that have low rates of service connection upon discharge and target those areas with this process. The team will look to expand into hospitals beyond BBH, BCA, and HFK.



VP of CLINICAL OPERATIONS' REPORT
Program Compliance Committee Meeting
Wednesday, November 13, 2024

ACCESS CALL CENTER – Director, Yvonne Bostic
No Monthly Report

ADULTS INITIATIVES (CLINICAL PRACTICE IMPROVEMENT) – Director, Marianne Lyons
Please See Attached Report

Autism Spectrum Disorder (ASD) – Director, Cassandra Phipps
No Monthly Report

CHILDREN'S INITIATIVES – Director, Cassandra Phipps
No Monthly Report

PIHP CRISIS SERVICES – Director, Daniel West
Please See Attached Report

CUSTOMER SERVICE – Director, Michele Vasconcellos
Please See Attached Report

INNOVATION AND COMMUNITY ENGAGEMENT (ICE) – Director, Andrea Smith
No Monthly Report

INTEGRATED HEALTH CARE (IHC) – Director, Vicky Politowski
No Monthly Report

MANAGED CARE OPERATIONS – Director, Rai Williams
No Monthly Report

RESIDENTIAL SERVICES – Director, Ryan Morgan
Please See Attached Report

SUBSTANCE USE DISORDER (SUD) – Director, Judy Davis
No Monthly Report

UTILIZATION MANAGEMENT – Interim Director
Please See Attached Report

Program Compliance Committee Meeting
Marianne Lyons, LMSW, CAADC
11/13/2024



Adult Initiatives Year-End Report 2024
Marianne Lyons, LMSW, CAADC

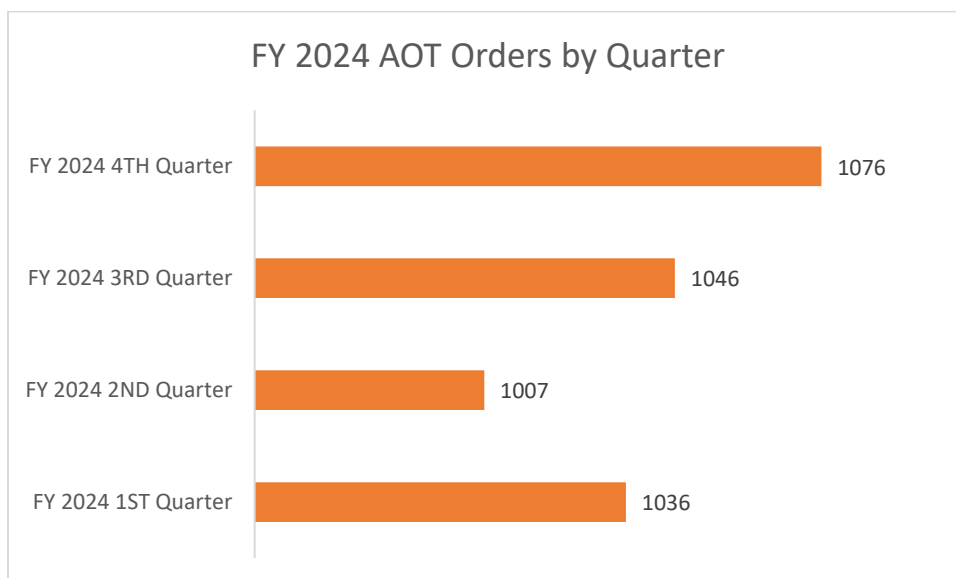
Main Activities during FY 2024 Reporting Period:

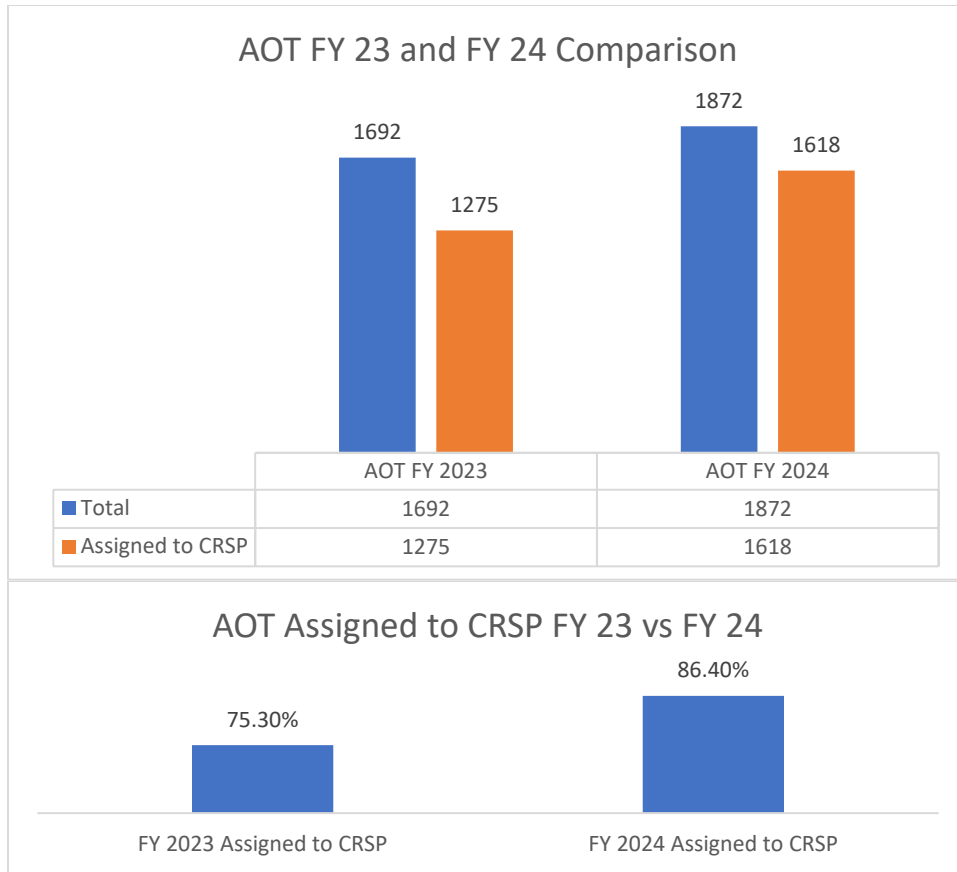
- Assisted Outpatient Treatment (AOT) and Not Guilty by Reason of Insanity (NGRI)
- Evidenced Based Supportive Employment (EBSE)
- Clubhouse

Progress On Major Activities:

Activity 1: Assisted Outpatient Treatment (AOT)

- *Description:* Assisted Outpatient Treatment (AOT) also known as “court-ordered outpatient treatment,” or “outpatient commitment,” is a civil commitment that places individuals diagnosed with a severe mental illness and a history of nonadherence to voluntary treatment under court order to follow a prescribed treatment plan while living in the community. Wayne County Probate Court (WCPC) has created a Behavioral Health Unit (BHU) to provide oversight and assist in ensuring AOT compliance. Not Guilty by Reason of Insanity (NGRI) is often referred to as an insanity plea. It is a plea deal entered during the court hearing regarding a person’s legal charge. It means that the individual admits to doing the act, but that they were not of sound mind when the act was committed. An NGRI ruling ensures the individual receives the necessary mental health treatment rather than a punitive prison sentence. All individuals under NGRI status are required to be under the supervision of an AOT. The Adult Initiatives Team began monitoring all NGRI members on February 1st, 2024, at which time there were 62 members under supervision. For a look back at FY 2024 please refer to the graphics below:



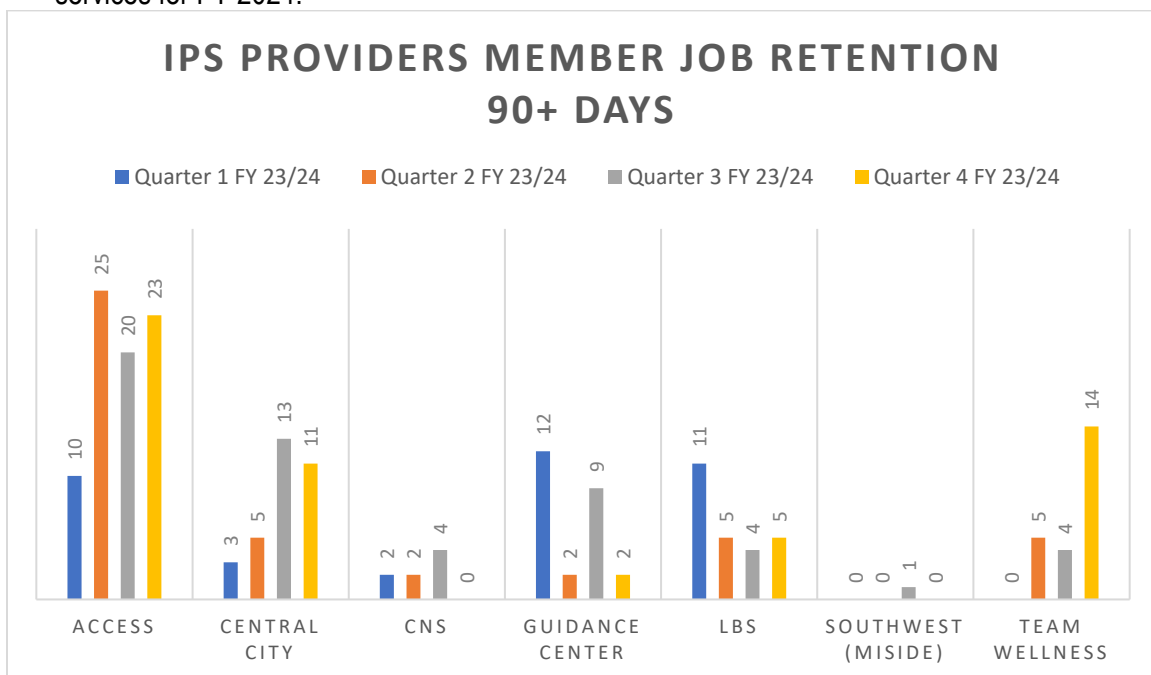


- **Significant Tasks During Period:** Adult Initiatives has expanded the AOT/NGRI team to include two coordinators, a care manager and a peer support specialist. With the addition of these staff members, the AOT Team will be able to monitor the orders and collect and analyze data more efficiently. The care manager began engagement with 10 members on treatment orders, and both the care manager and peer support specialist began hospital visits with recidivistic members. Adult Initiatives has also increased CRSP attendance at deferral conferences and court hearings regarding AOT petitions. CRSPs have reported positive feedback regarding notifications and explanations of the deferral procedure. This team launched a monthly AOT/NGRI workgroup in April 2024 to provide education, feedback and problem-solving for CRSPs navigating the administration of the orders. In addition to the monthly workgroups, CRSP have the opportunity for individualized training by request.
- **Major Accomplishments During Period:** Adult Initiatives increased collaboration with Wayne State University's Center for Behavioral Health and Justice on the Foundational Strengthening Initiative grant. DWIHN was one of ten counties awarded this grant to strengthen their AOT processes, procedures, and practices. The role that CBHJ's AOT initiative team will have in this project is to be a facilitator in executing technical assistance and data collection.
- **Current Issues:** There is a need for the members' attorney to more consistently provide 24-hour notice of the deferral conference to DWIHN and the CRSP. There is also a need for increased collaboration with WCPC BHU and coordination with local Veterans' Administrations/private health insurance companies to ensure compliance with AOT orders. AOT care manager and peer would benefit from additional training in clinical assessment and how to ascertain pertinent information necessary to assist the member.

- *Plans:* Adult Initiatives will contact and meet with the local VA's to learn how to best coordinate services. A Smartsheet will also be developed for ease of information exchange. Adult Initiatives will also continue providing training to CRSPs, coordinate with BHU and participate in Wayne State University's FSI cohort. AOT coordinators will accompany and provide training on member engagement and hospital discharge processes.

Activity 2: Evidenced Based Supported Employment (EBSE)/Individual Placement and Support (IPS)

- *Description:* IPS, also known as Individual Placement and Support, is a specific type of employment service. DWIHN utilizes the IPS model as research shows it to be the most effective evidence-based employment program. This approach allows for individuals with severe and persistent mental illness and/or substance use disorders to obtain and maintain gainful employment, at any stage of change in outpatient treatment.
- *Current Status:* The total number of individuals served is updated on a monthly and quarterly basis, as provided by the quarterly IPS report from MDHHS, monthly data obtained from CRSPs providing IPS services, and data gathered internally on MHWIN to ensure for the most accurate information. The following data presents the total number of members obtaining employment while receiving IPS services for FY 2024:



- *Significant Tasks During Period:* Adult Initiatives continued to hold their monthly IPS/EBSE CRSP meetings throughout FY 2024. At the most recent meeting it was decided that meetings will occur on a bi-annual basis. Team Wellness offered to host the first in person meeting. Adult Initiatives continues to build professional relationships with the CRSPs and their supervisors through being available for prompt response to questions and concerns as they may arise and by attending team meetings. Adult Initiatives attended the IPS Summit in Bay City as well as the Michigan Clubhouse Conference in Bellaire in July of 2024. The in-person meetings created more opportunities for open discussion and appeared to encourage the supervisors to engage more. Supervisors appeared eager to share updates, questions, and/or concerns. Discussion topics included staffing

issues/concerns, increase in IPS services during the 4th quarter, MRS, and the data request results regarding IPS services in correlation with recidivism.

- *Major Accomplishments During Period:* Following a fidelity review in August, **Team Wellness received a score of 101, resulting in improving from “fair” to “good.”** As a result, they will not require a fidelity review for 2 years.

Fidelity Rating is as follows:

- 74-99 Fair Fidelity
- 100-114 Good Fidelity
- 115-125 Exemplary Fidelity
- *Needs or current issues:* Providers identify an ongoing issue with obtaining and maintaining staff. Issues included potential staff not showing up after an interview or declining the job offer, low salaries, competition among other employers, and barriers such as not offering transportation reimbursement or having company vehicles to utilize (wear and tear on personal vehicles). This was discussed in correlation with the need to increase unit rates so that employers have an improved ability to have a more competitive salary in the field and offer more benefits to attract employees.
- *Plan:* Adult Initiatives received the results of the data request which was initiated to explore if members engaged in IPS services experience a reduction in hospitalization. The report collected data over the last 3 years, specifically to identify members engaged in IPS services (attended more than 2 appointments), their hospitalization totals 90 days prior to IPS engagement, and then hospitalization totals 90 post engagement. This data will continue to be collected and analyzed for FY 2025.

Activity 3: Clubhouse

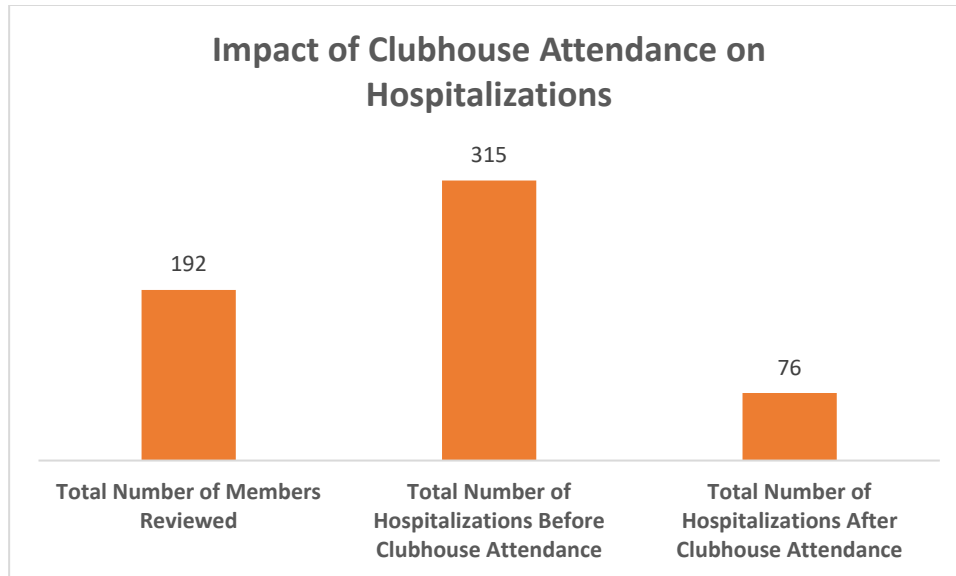
- *Description:* Clubhouse is an accredited service, reviewed every 3 years by Clubhouse International, and provides daily activities to members with persistent mental illness, as provided services by corresponding providers. Clubhouse is voluntary and without membership term lengths. Members choose how to utilize their clubhouse, including participation in varying activities, roles, and responsibilities within the clubhouse, and who they wish to interact with. Clubhouse offers varying opportunities, applicable to individuals with varying cognitive capabilities, including working within administration, enrollment, hiring, training, public relations, and advocacy. The goal is to help members regain self-worth, purpose, and confidence.
- *Current Status:* This is a relatively new area that Adult Initiatives has begun monitoring, beginning in May of 2024. **All the Clubhouses within DWIHN’s provider network are accredited.** The total number of Clubhouses within DWIHN is five, provided by the following CRSPs:
 - ACCESS (Hope House)
 - DCI (New Direction)
 - Goodwill (A Place of Our Own)
 - Hegira (Turning Point)
 - Lincoln Behavioral (The Gathering Place)

Clubhouse fidelity suggests that members receiving transitional employment, supported employment, and independent employment should account for **25%** of the Average Daily Attendance (ADA). The following data reflects the total number of members receiving each type of employment service at each clubhouse as well as the percentage as it relates to each clubhouse ADA:

	Average Daily Attendance (ADA)	Transitional Employment (TE)	Supported Employment (SE)	Independent Employment (IE)
ACCESS (Hope House)	35	6 (17%)	2 (6%)	13 (37%)
DCI (New Directions)	19	0	0	0
Hegira (Turning Point)	40	2 (1%)	2 (1%)	1 (3%)
Lincoln Behavioral (The Gathering Place)	49	16 (33%)	15 (31%)	8 (16%)
Goodwill (A Place of Our Own)	44	7 (16%)	10 (23%)	5 (11%)



- *Significant Tasks During Period:* Adult Initiatives continues to attend Clubhouse Michigan meetings which occur every 3 months at various Michigan Clubhouses, to remain engaged in changes and updates, as they may occur. Adult Initiatives went to tour clubhouses with DWIHN's clinical officer to continue to advocate for needed change as well as best present to DWIHN administration on the work that continues to be done at clubhouses including improving life skills, communication, job coaching/teaching, and overall improvement to member independence.
- *Major Accomplishments During Period:* Adult Initiatives began exploring the correlation between Clubhouse engagement and recidivism. The evidenced based practice (Clubhouse) indicates that members engaged often reduces hospitalization rates. Previously, a data request was made to compare the significance between Clubhouse attendance, recidivism, and how attending Clubhouse reduces hospitalization rate. **The following sample looks at total inpatient services 90 days prior to Clubhouse engagement and 90 following Clubhouse engagement (they have attended clubhouse at least 2x):**



It can be determined by these numbers that member engagement in Clubhouse has a positive correlation in reducing hospital recidivism.

- *Needs or Current Issues:* Clubhouse directors indicated a strong need for DWIHN involvement with advocating and improving unit rates. Currently, each individual unit is \$5.15 for a 15-minute unit. This is the second lowest clubhouse unit rate in the state of Michigan. This continues to be a need within our provider network of Clubhouses. This unit rate conflicts with the ability to provide optimal services as well as conflicts with fidelity necessities as put forth by the state. Since meeting at the annual Clubhouse Michigan event, it was determined that DWIHN has exceptionally low unit rates, especially in comparison to large CMH counterparts. This will be our number one focus for FY 2025.
- *Plan:* Adult Initiatives will continue to engage in meetings with Clubhouse International, attend training courses as it pertains to improving understanding and oversight, and attend fidelity reviews at locations. Adult Initiatives will continue to engage with clubhouse directors on a quarterly basis to explore ways of continuing best practices and ensuring ongoing improvement. Continued data collection will occur to best identify improvement rates as it relates to member employment, member engagement in outpatient treatment, and ensuring that clubhouses have appropriate services for our members, per fidelity and DWIHN policies.

Following recent clubhouse visits, it is the intention of Adult Initiatives to discuss and invite board members to visit DWIHN's Clubhouses. DWIHN CRSP Clubhouses are eager to represent themselves among DWIHN board members to best express their progress and what clubhouse means to them and does for them.

PIHP Crisis Services Department, Year-End Report FY 23/24

Daniel West, Director of PIHP Crisis Services

Date: 11/13/2024

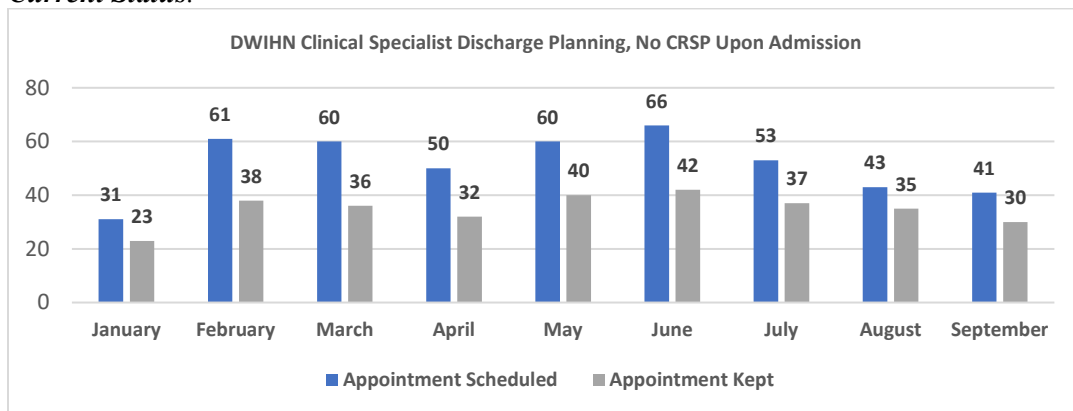
Main Activities during FY23/24

- Inpatient discharge planning, no CRSP upon admission.
- Reduce recidivism.
- Reduce inpatient hospitalizations.

Progress On Major Activities:

Activity 1: Inpatient discharge planning, no CRSP upon admission.

- **Description:** Beginning in January 2024, Clinical Specialists in the PIHP Crisis Services Department met with members admitted to an inpatient level of care without an assigned provider, face-to-face at Beaumont Behavioral Health (BBH), BCA Stonecrest, and Henry Ford Kingswood (HFK). The team ensured members were engaged in their own discharge planning, identifying barriers and supports for a successful transition to services in the community.
- **Current Status:**

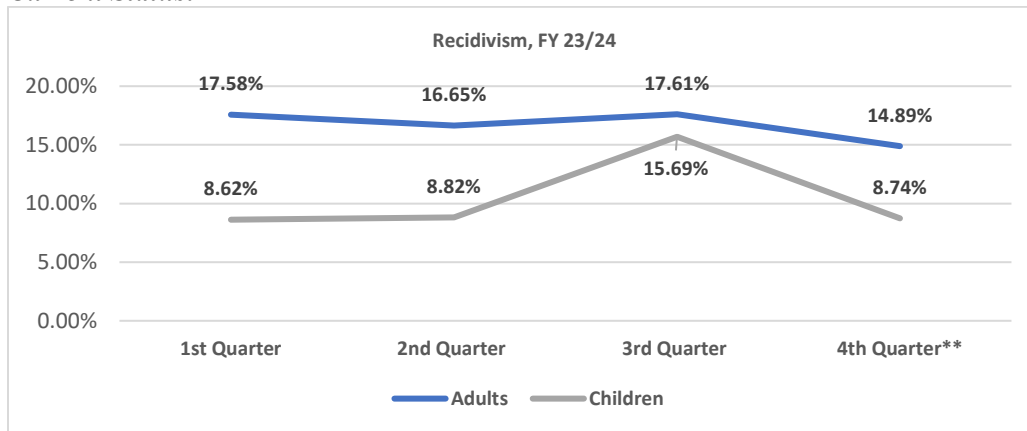


- **Major Tasks and Accomplishments During Period:** The team saw 465 members face-to-face in FY 23/24, and helped support 313 members to attend their aftercare appointments after their inpatient hospitalization. The Clinical Specialists were able to work with DWIHN Access, the member, and the assigned CRSP provider to ensure 67% of members seen were connected to their chosen provider for ongoing treatment services in the community.
- **Needs or Current Issues:** The team has recognized the need to expand these services and to identify areas of need within claims data.
- **Plan:** The team will identify hospitals that have low rates of service connection upon discharge, and target those areas with this process. The team will look to expand into hospitals beyond BBH, BCA, and HFK.

Activity 2: Reduce Recidivism.

- **Description:** The PIHP Crisis Services Department works with screening agencies and the CRSPs to identify recidivistic members in crisis, and notify the CRSP of member crisis screenings. The team ensures the CRSP is involved in proactive treatment planning for members to reduce rapid re-admissions to an inpatient level of care.

- **Current Status:**



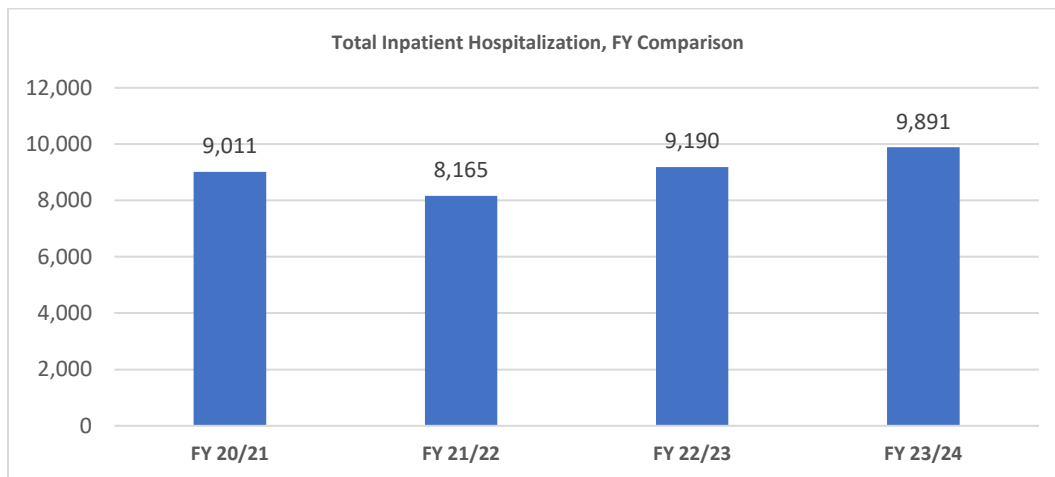
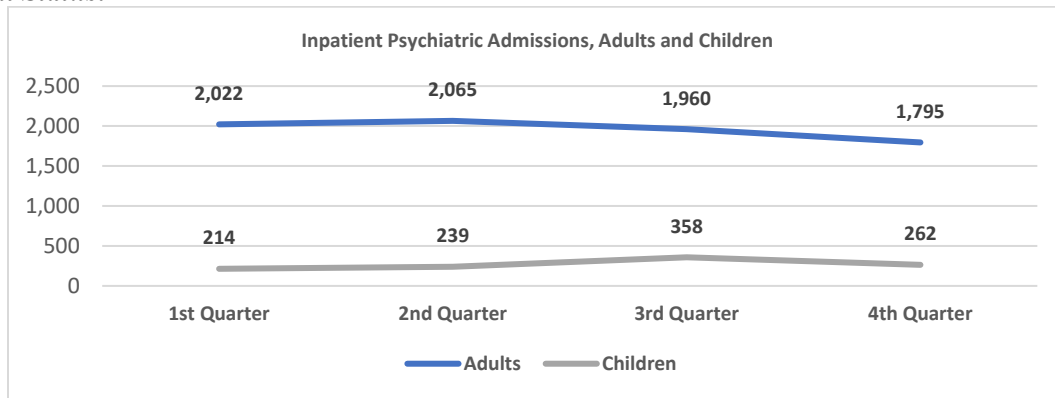
**4th Quarter Data Preliminary, target <15%

- **Major Tasks and Accomplishments During Period:** The team supported an overall decrease in recidivism during FY 23/24. In the 3rd quarter, there was a noteworthy increase in recidivism, and the team identified areas of need to reduce recidivism into the 4th quarter. The team worked with the screening agencies and the assigned providers to identify recidivistic members, update treatment planning per medical necessity, and increased communication and discussion of cases identified as being recidivistic. The team worked to ensure proactive measures such as crisis planning, shared information, and early identification occurred to support an overall reduction in recidivism.
- **Needs or Current Issues:** The team has recognized the need for consistent, early identification of members at risk for recidivism. The assigned providers have an essential role in treatment planning and crisis planning to avoid unnecessary inpatient hospitalizations. Treatment planning needs to be updated to reflect member current presentations and needs to be appropriate to the identified needs. Diversions to crisis stabilization units at COPE, Team Wellness, and the DWIHN Care Center need to increase for members identified as recidivistic.
- **Plan:** The PIHP Crisis Services Department will continue to identify targeted interventions for members at risk for recidivistic encounters. The team will ensure the screening agencies are notifying the assigned providers of members who are screened in crisis, will work with Adult and Children's Initiatives to support ongoing monitoring of service connection and effectiveness, and the team will continue efforts with discharge planning to support service connection in the community for members that are not assigned a provider.

Activity 3: Reduce inpatient hospitalizations

- **Description:** Over the course of FY 23/24, the PIHP Crisis Services Department worked with CRSPs, screening agencies, DWIHN Mobile Crisis, and the DWIHN Adult/Children's Initiatives Departments to reduce the number of inpatient hospitalizations. DWIHN Liaisons share clinical information with the assigned CRSPs to promote care in the least restrictive environment.

Current Status:



- **Major Tasks and Accomplishments During Period:** The PIHP Crisis Services Department worked to reduce overall inpatient hospitalizations from the previous fiscal year. The team met regularly with the CRSPs and the screening agencies to ensure members received medically necessary services in the least restrictive environment. The team monitored Pre-Admission Reviews (PARs) regularly to ensure services were authorized according to need and opportunities were taken to divert members in crisis to lower levels of care when appropriate.
- **Needs or Current Issues:** The team found there to be a need for targeted, proactive interventions for members at risk of a crisis encounter. The team recognized there continue to be unnecessary inpatient hospitalizations and missed opportunities for members to receive services in the least restrictive environment. There continues to be a need for education on options outside of the emergency department for members in crisis.
- **Plan:** The team will continue to gather data to analyze trends in inpatient hospitalizations. The team will continue to share information for members in crisis with the assigned clinically responsible service providers in order to establish proactive measures for members who have been identified as at-risk for hospitalization.

Annual Review:

- ***Things the Department is Doing Especially Well:***

Over the course of the last FY, the PIHP Crisis Services Department has contributed to an increase in the percentage of members receiving a service within 30 days of discharge from specific hospitals, after having been admitted without an assigned provider. The team has also shown effectiveness in facilitating communication of members who receive a crisis screening between the screening agencies and the assigned CRSPs.

- ***Identified Opportunities for Improvement:***

The PIHP Crisis Services Department has found there to be a need to centralize dispatch of all adult and child requests for service, and looks to establish a PAR Dispatch Coordination Department at DWIHN that fields all calls from community partners who are requesting a screening for DWIHN members in crisis.

Program Compliance Committee
Michele Vasconcellos Director, Customer Service October 2024 Report
November 2024

Unit Activities

- 1.) Customer Service Calls
- 2.) Grievances and Appeals
- 3.) Member Engagement

Activity 1: Customer Service Calls

The Customer Service Call Activity is inclusive of the Reception/Switchboard and Call Center. MDHHS mandated Standard is to ensure that the call abandonment rate is to be < 5%.

Reception/Switchboard Reception/Switchboard

	October FY 23/24		October FY 24/25	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
Reception/ Switchboard	1,503	2.0%	1,531	1%

Customer Service Call Center

	October FY 24/25		October FY 23/24	
	Number of Calls	Abandonment Rate Standard <5%	Number of Calls	Abandonment Rate Standard <5%
DWIHN Customer Service	1,019	2%	478	3.7%
Outbound calls: Special Cases & Follow-up Activity	166	N/A	N/A	N/A

Significant Activities:

- There was a slight decrease in the call volume for the Switchboard for FY 23/24 (October) with the abandonment rate of less than 5% in comparison to the previous FY22/23
- The call volume for the Call Center significantly increased compared to the previous year. The abandonment rate for this fiscal year and last fiscal year was less than the 5% standard this year (2%). In comparison to the previous year, the abandonment rate was 3.7%.

Activity 2: Grievances, Appeals State Fair Hearings

Customer Service ensures that members are provided with their means to due process. The due process is inclusive of Complaints, Grievances, Appeals, Access to Mediation and State Fair Hearings.

Complaint and Grievance Related Communications

	October FY24/25	October FY23/24
Complaint/Grievance Correspondence	135	349

Grievance Processed

Grievances	October FY24/25	October FY23/24
Grievances Received	7	10
Grievances Resolved	8	4

Grievance Issues by Category

Category	October FY24/25	October FY23/24
Access to Staff	1	2
Access to Services*	1	2
Clinical Issues	1	0
Customer Service	1	0
Delivery of Service*	4	2
Enrollment/ Disenrollment	0	0
Environmental	0	0
Financial	0	0
Interpersonal*	0	10
Org Determination & Reconciliation Process	0	0
Program Issues	0	0
Quality of Care	1	0
Transportation	0	0
Other	0	0
Wait Time	0	0
Overall Total	9	16

Note: A grievance may contain more than one issue.

MI Health Link (Demonstration Project) Grievances

Grievance	October 24	October 23
Aetna	0	0
AmeriHealth	0	0
HAP CareSource	0	0
Meridian Complete	0	0
Molina	0	0
Overall Total	0	0

Appeals Advance and Adequate Notices

Notice Group	September* FY 23/24 Advance Notices	September* FY 23/24 Adequate Notices	October FY 23/24 Advance Notices	October FY 23/24 Adequate Notices
MI	1325	231	1687	240
ABA	125	30	154	5
SUD	70	44	91	4
IDD	292	67	252	51
Overall Total	1812	372	2184	300

Adequate Notice: Written statement advising beneficiary of a decision to deny or limit Medicaid services requested. Notice is provided to the Member/Enrollee Beneficiary on the same date the action takes effect or at the time of signing on the individual plan of service or master treatment plan.

Advance Notice: Written statement advising the eneficiary of a decision to reduce, suspend, or terminate services currently provided. Notice to be mailed at least 10 calendar days prior to the effective date of the notice.

**Please note that the numbers for FY 23/24 are for September of 2024 as the FY '24/25 October 2024 numbers are not yet available. The provider network does not submit these figures until the 5th of every month. **

Appeals Communications

	October FY 24/25	October FY 23/24
Appeals Communications Received	156	129

**Communications include emails and phone calls to resolve appeals.*

Appeals Filed

Appeals	October FY 24/25	October FY 23/24
Appeals Received	1	5
Appeals Resolved	4	2

DWIHN State Fair Hearings

SFH	October FY 24/25	October FY 23/24
Received	2	0
Scheduled	0	0
Dismissed or withdrawn	0	0
Transferred out	0	0
Upheld by MDHHS	0	0
Pending	0	0

MI Health Link (Demonstration Project) Appeals and State Fair Hearings October FY 24/25 and FY 23/24

ICO	Local Appeals	State Fair Hearing
Aetna	0	0
AmeriHealth	0	0
Meridian Complete	0	0
HAP CareSource	0	0
Molina	0	0
Total	0	0

Significant Activity:

- The trending grievance pattern for the top grievance category for October '24 is Delivery of Service. All other grievance categories were either singular events or none.
- The Unit has a vacancy for an Appeals Specialist due to promotion and transfer of a staff member. The Appeal Specialist position has been posted and applications are currently being reviewed.
- There have been 2 requests for a DWIHN State Fair Hearings in October of 2024. One request will be returned as it was sent to the incorrect reviewing entity. The other is a pending date for a hearing. There have consistently been no State Fair Hearings for MI Health Link members.
- Staff participated in the first session of a complicated mediation session. The next session is 12/11/24.

Accomplishments:

- A new Grievance Specialist has joined the Unit and is going through training.

- Electronic conversion of Explanation of Benefit (EOB) is expected to go into effect on November 1st.

Activity 3: Member Engagement and Experience

Customer Service ensures that members are provided with the opportunity for DWIHN and Community inclusion. In addition to promoting principles of advocacy, member rights, and responsibilities, the use of focus groups, surveys, and outreach are utilized to address areas for valued participation and interaction. This feedback is essential to DWIHN's ability to address members, providers, and community concerns and prioritize new initiatives.

Significant Activity:

- Member Experience was involved with the launch of the 2025 National Core Indicators Survey (NCI) as provided by MDHHS over 1,200 members are eligible for participation in this year's pre-survey activity, just under 300 will be accepted and completed before December 30th deadline.
- Member Experience recently completed the evaluative stage of the Adult and Children's 2024 ECHO's review of these system-wide satisfaction surveys is underway, that will depict improvements in the system and help support some intervention outcomes driven by previous ECHO results and data.
- The Member Engagement Specialist position was vacated due to a staff promotion, HR, is reviewing the launch of a replacement staff and posting of the position.
- The Office of Peer Services is conducting an in-house training for peers scheduled for November 14th, offering 4.5 Continuing Credit Hours to eligible Certified Peers and/or Recovery Coaches. In addition, DWIHN will host a State sponsored training at the Considine Center on January 30, 2025. It will be the first time the State has collaborated directly with DWIHN on a CEU event for Peers since before 2019.
- The Person Point of View FY 2025 Fall Edition is underway to include information that will include relevant information for NCQA and HSAG, as well as recent programming, resources and information to support Members. We are considering a monthly update to supplant information on more routine information, the planning for this is in the works.
- The month of October culminated our Voter Education Program, on 10/24 the Member Engagement team hosted our member monthly meeting at Turning Point (Hegira) Clubhouse in Lincoln Park, where other clubhouses were invited to participate in the informational forum.

Submitted by: Michele Vasconcellos, Director, Customer Service 11/4/2024

**Program Compliance Committee Meeting
Residential Services Year-End Report FY 24
Ryan Morgan, Director of Residential Services
November 13, 2024**



Main Activities during Fiscal Year 2024:

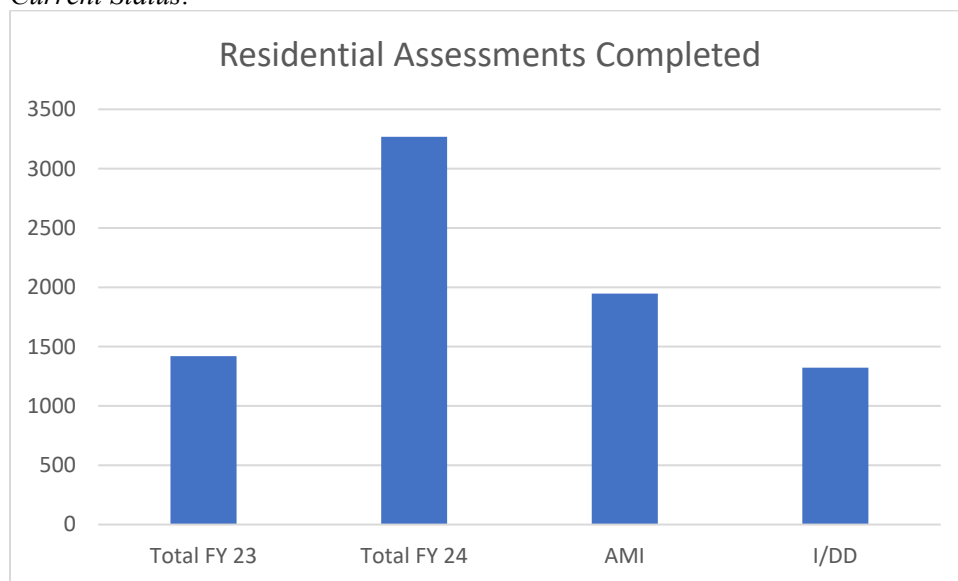
- **Residential Assessments**
- **Hospital Referral Efficiency**
- **Residential Progress Note**

There are currently 2,878 members (1,374 AMI; 1,504 IDD) receiving residential services through the Detroit Wayne Integrated Health Network (DWIHN). This includes people living in either specialized residential settings or semi-independent placements.

Progress On Major Activities:

Activity 1: Residential Assessments

- *Description:* For Fiscal Year 24 the Residential Services Department was tasked with ensuring that all new and existing members had up to date residential assessments that were reflective of their current needs and abilities. It is important that all members have updated assessments to ensure that they are receiving the medically necessary services suited to their condition.
- *Current Status:*



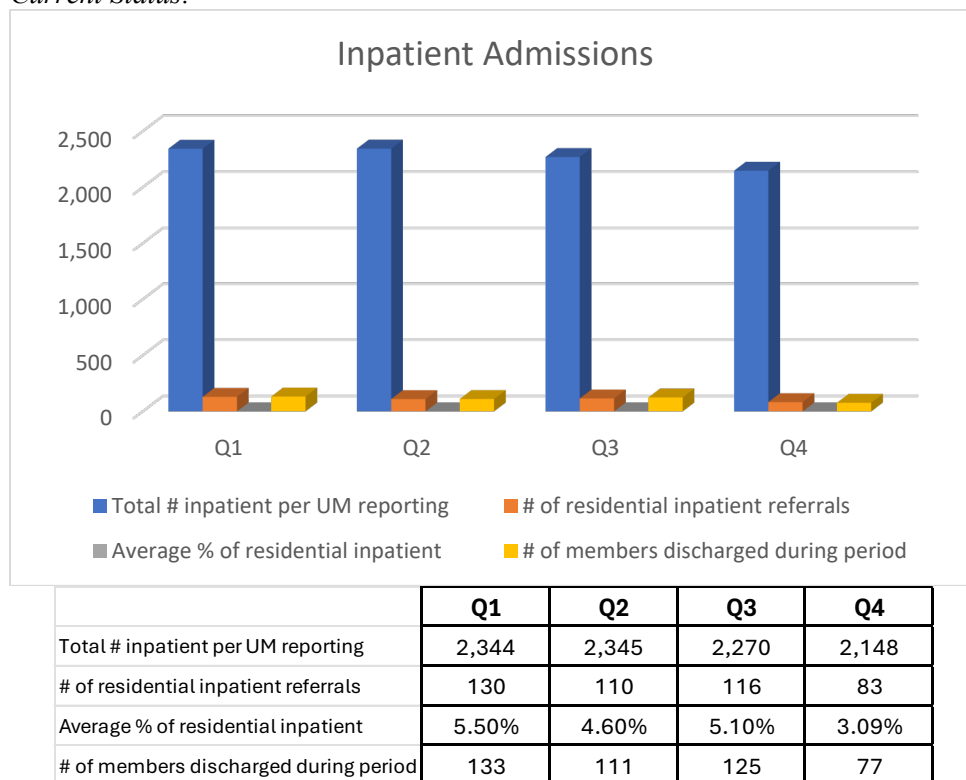
Total FY 23	Total FY 24	AMI	I/DD
1,419	3,269	1,947	1,322

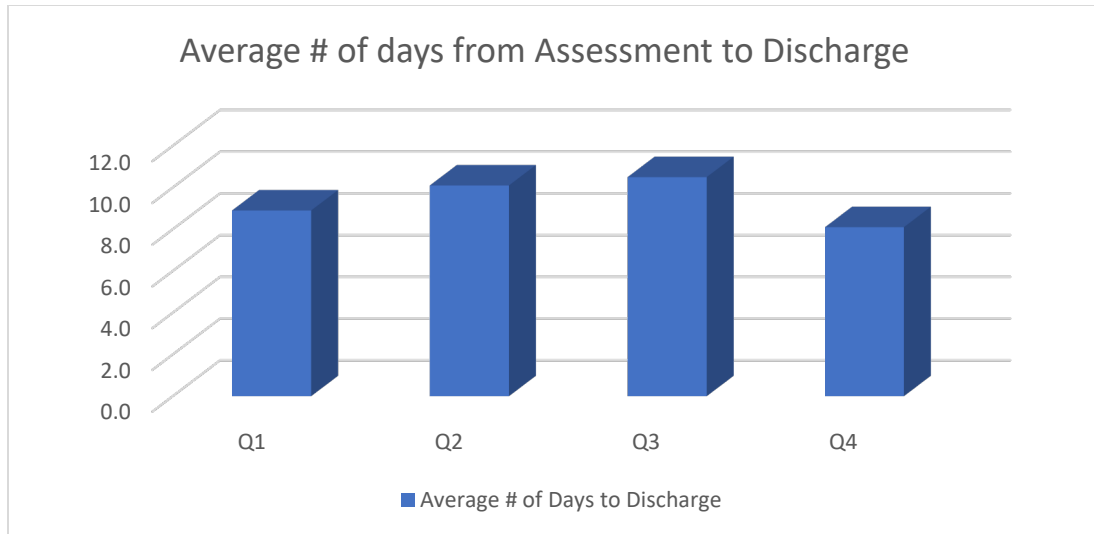
- *Significant Tasks During Period:* The Residential Services Department continues to make progress on ensuring that all members have up to date assessments. The department completed the process of updating all AMI assessments in April and has since progressed to updating I/DD assessments. The department completed a total of 3,269 residential assessments over FY24. 1,947 were completed with the AMI population and 1,322 were completed with the I/DD population. This is compared to 1,419 total assessments completed for FY 23.

- *Major Accomplishments During Period:* In order to maintain compliance with ensuring that assessments are updated annually the department adopted a forward-thinking approach. The authorization unit manager provides a report of expiring treatment plans three (3) months in advance. This allows time for Residential Care Specialists to coordinate with provider staff to ensure completion.
- *Needs or Current Issues:* At times it can be difficult to coordinate with case holders from the Clinically Responsible Services Providers to ensure that they are in attendance for completion of the assessments. This can lead to a delay in assessment completion as it is important that members of the clinical team are in attendance to provide input.
- *Plan:* We are working with the Information Technology Department to refine a report that indicates assessments that are overdue and allows management to track progress. We also plan to fill one open Residential Care Specialist position that will be able to assist with completing assessments.

Activity 2: Hospital Referral Efficiency

- *Description:* Throughout the course of Fiscal Year 24 the Residential Services Department examined the hospitalization data for residential referrals in efforts to decrease the frequency and duration of hospital stays. It is important that we monitor these inpatient referrals in order to improve the efficiency of placement.
- *Current Status:*



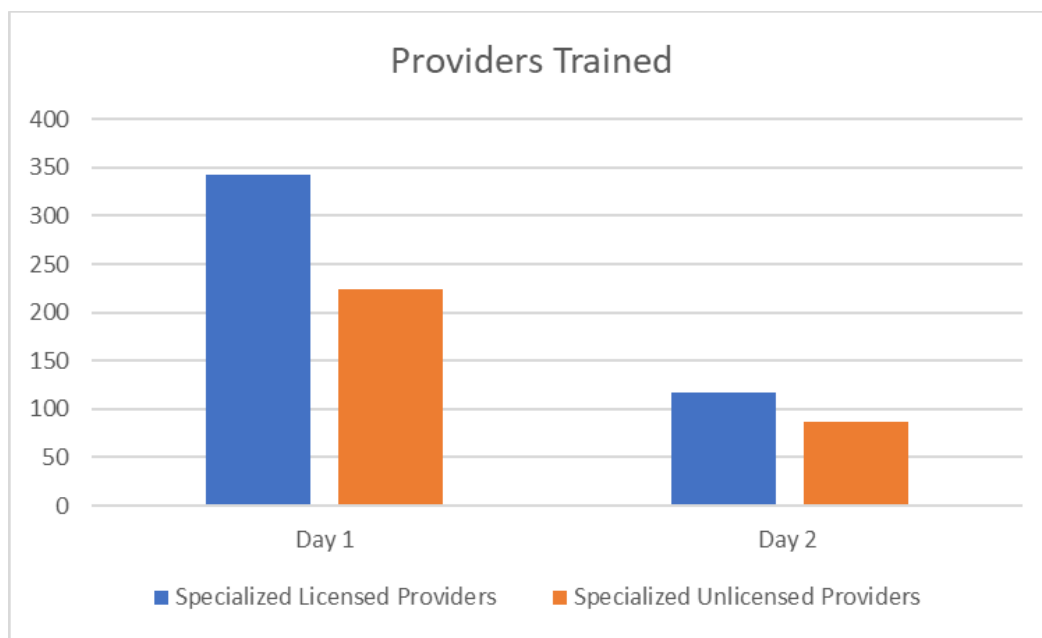


	Q1	Q2	Q3	Q4
Average # of Days to Discharge	8.9	10.1	10.5	8.1

- *Significant Tasks During Period:* In Quarter 4 the Residential Services Department started to implement a weekly meeting with all Residential Care Coordinators in order to help problem solve and brainstorm creative discharge solutions as a group. Quarter 4 saw approximately a 2-day decrease in the amount of time it took to discharge a member from an inpatient hospital setting.
- *Major Accomplishments During Period:* The Residential Services Department was able to fully onboard twenty-two (22) new residential providers over the course of the year. It is important that we continue to onboard new providers in order to expand the network enabling us to accommodate new members with various needs.
- *Needs or Current Issues:* The Residential Department continues to need more barrier-free facilities capable of managing older adults with significant medical needs and providers willing to take high acuity individuals with behavioral concerns.
- *Plan:* The Residential Department will continue to attend quarterly meetings with hospital emergency departments to improve communication and problem solve. Additionally, we will coordinate quarterly meetings with transitional placement providers to discuss potential barriers to placement.

Activity 3: Residential Progress Note

- *Description:* Over the course of FY 24 the Residential Services Department was able to update and train providers on the Residential Progress Note. It was important to update the Residential Progress Note in order to better meet the standards set forth in the Medicaid Provider Manual and determine daily progress in meeting goals and objectives in the person-centered plan.
- *Current Status:*



	Day 1	Day 2
Specialized Licensed Providers	343	117
Specialized Unlicensed Providers	224	87

- *Significant Tasks During Period:* The Residential Department was able to conduct four (4) live trainings with both licensed and unlicensed providers. We also conducted fourteen (14) in-service trainings with individual providers upon request.
- *Major Accomplishments During Period:* The Department was able to provide a PowerPoint presentation, a Frequently Asked Questions document, and a video recorded training on the DWHIN website available to the network to provide additional support
- *Needs or Current Issues:* We continue to work with providers within the network to provide additional training upon request. We are incorporating provider feedback and adjusting the process as needed.
- *Plan:* Moving forward, the Residential Services Department will work closely with the compliance department to ensure that the Residential Progress note contains the required information reflected in the Medicaid Provider Manual.

Annual Update:

- **Things the Department is Doing Especially Well:**
 - The Residential Services Department was able to discharge 39 members out of long-term state facilities and into the community this year.
 - The Department hired a new Director of Residential Services (Ryan Morgan) and a new I/DD unit manager (Danita Love-Carter).
 - The Department approved 11,699 residential service authorizations over the past year.

- The Residential Services Department continues to meet quarterly with transitional residential providers and public guardians in order to foster communication and problem solve.
- **Identified Opportunities for Improvement:**
 - The Department decided to initiate bimonthly meetings with Clinically Responsible Services Providers in efforts to assist the network with improving clinical documentation. These trainings are focused on the residential assessment, treatment plan, and completion of authorizations.
- **Progress on Previous Improvement Plans:**
 - The Residential Department has implemented a monitoring system to track treatment plan compliance with the clinically responsible service providers. We will be monitoring treatment plans that are out of date and providing that feedback to the network to ensure follow up.

**Program Compliance Committee Meeting
Utilization Management – Year in Review
Marlena J. Hampton, MA, LPC - Director of Utilization Management
November 13, 2024**



Main Activities during Fiscal Year 2024:

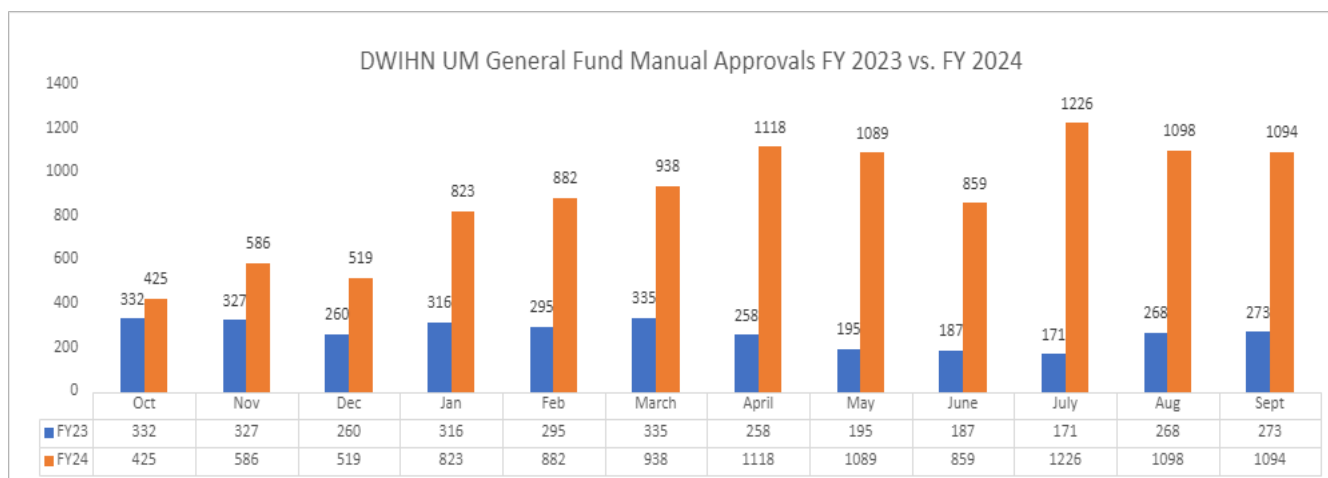
- General Fund Exception Updates
- Habilitation Supports Waiver (HSW) Program
- Outpatient Authorization Updates

Progress On Main Activities & Projects:

Activity 1: General Fund Exception Updates

- *Description:* General Fund Exception is the process designed to prevent the interruption of needed services while the insurance acquisition/reinstatement effort is underway.

Current Status: There was a significant increase in General Fund Exception manual approvals between FY-23 & FY-24, following termination of the Pandemic Emergency Order. During the Order, changes were made to Medicaid program eligibility, administration, and policies to prevent beneficiaries from losing health insurance. Now, many members are no longer eligible or failing to take the necessary steps to keep their benefits active (e.g., missed redetermination dates).



- *Significant Tasks During Period:*
 - Implementation of the revised General Fund Benefit Grid
- *Major Accomplishments During Period:*
 - On 11/1/24, we began using the revised General Fund Benefit Grid. We will continue to evaluate utilization and report relevant findings.
 - Utilization Management met with leaders and subject matter experts from Autism Services and Residential Services to discuss provisional tracking measures and procedural updates to accompany the rollout of the revised benefit grid.

- *Needs or Current Issues:* We recognize that the current iteration of the General Fund Benefit Grid is quite different than what is previously utilized by the provider network. Clinically Responsible Service Providers (CRSPs) are now tasked with taking greater responsibility and accountability for managing these cases. This will also require amendment of some internal DWIHN processes and procedures. As noted in previous reports, we fully acknowledge that some members will experience extenuating circumstances. These requests will be reviewed by our team on a case-by-case basis.
- *Plans:* Utilization Management has scheduled meetings with Autism Services and Residential Services to review and update procedures for managing members utilizing General Fund. This includes the development of a clinical consultation referral procedure for cases presenting with extenuating circumstances, prior to rendering a disposition. Department leadership is also working with the General Fund UM Specialist in updating verbiage within CRSP communications, as well as how to effectively communicate changes in the benefit grid to the provider network at large.

In addition to the review of the General Fund Benefit Plan, we continue to review overall service utilization and process improvement.

Activity 2: Habilitation Supports Waiver (HSW) Program

- *Description:* The Habilitation Supports Waiver (HSW) program provides home and community-based services to Medicaid beneficiaries with intellectual or developmental disabilities. HSW's goal is to assist people with developing skills to live independently in community settings (vs. institutions or more restrictive settings).
- *Current Status:* The HSW program continues to exceed state program requirement of 95% slot utilization. DWIHN's HSW utilization is 97.6% in the month of October. This is following the addition of 41 additional slots on 10/1/24.

HSW Utilization Fiscal Year 2023-24												
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Total Slots Owned	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084	1084
Used	1062	1080	1084	1084	1083	1083	1083	1084	1078	1082	1082	1082
Available	22	4	0	0	1	1	1	0	0	2	2	2
New Enrollments	12	27	10	4	6	8	4	4	8	3	13	22
Disenrollments	2	4	2	2	5	3	1	9	2	8	2	2
Utilization	98%	99.6%	100%	100%	99.9%	99.9%	99.9%	100%	100%	99.8%	99.8%	99.8%

- *Significant Tasks During Period:* The HSW team continues the identification, monitoring, and follow-up of members who have not utilized the required one (1) HSW service per month. The Utilization Manager continues to work with CRSPs regarding barriers and remedies to appropriate service utilization.
- *Major Accomplishments During Period:* The HSW team has been able to obtain July 2024/Quarter 3 data from MDHHS for members who have not received the required one (1) HSW service per month. Approximately 60% of these members have since been disenrolled, had subsequent claims, or are awaiting an OBRA report for disenrollment. The other members intend to start using CLS in the next 30 days.
- *Needs or Current Issues:* Starting in October 2024, MDHHS has limited PIHPs to five (5) new members pending MDHHS approval at any given time. This can potentially have a negative impact on utilization, as there is no limit to the number of members that can disenroll from HSW, but limits to how many new enrollees can be submitted at one time. This also creates a waitlist, even though DWIHN has open slots with members awaiting these slots. MDHHS has indicated this cap is temporary while they catch up on new enrollee applications.
- *Plans:* DWIHN previously instructed CRSPs to disenroll members from HSW who are not consistently utilizing at least one (1) HSW service per month. DWIHN training will focus on reiterating the one (1) HSW service per month requirement, including education on which services are included (e.g., supportive employment, skill building, CLS) and how to monitor utilization internally on the CRSP level. Quarter 4 data from MDHHS will be available on 12/31/24.

Activity 3: Outpatient Authorization Updates

- *Description:* DWIHN Utilization Management reviews standard and expedited authorization requests for several lines of business, including Outpatient and SUD.
- *Current Status:* Based on historic over & underutilization data, Utilization Management develops Service Utilization Guidelines (SUGs) for behavioral health requests – a group of pre-approved services for members with similar needs. The remaining authorization requests are manually approved by UM staff. The process also includes review of assessments, the person-centered planning process, and the Individual Plan of Service (IPOS). In addition to SUGs, the department periodically revisits internal procedures to improve efficiency of utilization review and decrease/eliminate delays in service delivery or authorization.
- *Significant Tasks During Period:*
 - Work with IT on development of automated functions & reminders in MHWIN.
 - Continued progress on development of service utilization guidelines for SUD authorizations.
- *Major Accomplishments During Period:*
 - DWIHN IT has deployed electronic notification to CRSPs for provides electronic reminders to CRSPs for documentation return. As a result, we anticipate decreased time from authorization request to disposition.

- UM Administrator has forwarded provisional SUGs for SUD line of business to subject matter experts for review. Additionally, DWIHN IT is currently developing a module in MHWIN, in anticipation of SUG entry.
- *Needs or Current Issues:* Beginning in 2026, payers will be required to make decisions for all standard, non-urgent requests within seven (7) calendar days. We currently are allotted fourteen (14) days to make the same decisions. Utilization Management, with support from the VP of Clinical Operations, Chief Medical Officer, and IT Department, are actively working to implement process and procedural changes to meet this new requirement for all authorization requests, including SUD.
- *Plans:*
 - UM Administrator retrains UM staff and areas of the provider network on entry and processing of authorization requests, now including electronic notifications.
 - UM Administrator awaits feedback from review of provisional SUD service utilization guidelines and will then review with leadership & stakeholders. If approved, SUD authorization team will be trained on SUGs, along with the SUD Department and SUD CRSPs.

Additional Updates:

- **Things the Department is Doing Especially Well:**
 - Director initiates a Tri-County Utilization Management Workgroup, where DWIHN, Macomb County CMH, and OCHN can share ideas, align processes, and promote consistency in communication with mutual providers. The first meeting takes place on November 4, 2024.
 - Director and Interim UM Administrator for Higher Levels of Care (Inpatient/PHP/CRU) assist with COFR and UM-related trainings for the PIHP Crisis Services PAR Dispatch team.
 - Utilization Management begins to manualize functions within each line of business to improve efficiency and promote staff cross-training & onboarding efforts.
- **Identified Opportunities for Improvement:**
 - Director continues work to improve the depth of reporting for higher levels of care (inpatient, partial hospitalization, and crisis residential), including drilled down authorization and provider information, and recidivism. Meeting completed with Director of Fiscal Informatics & Analytics and Department Analyst, resulting in the ability to properly interpret data and sources (as compared to departments presenting similar data).
- **Progress on Previous Improvement Plans:**
 - Director and department leadership will complete intensive review of UM policies, procedures, and program description. Goals include alignment of documentation with NCQA, HSAG, and PIHP/CMSHP contract requirements & feedback.

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 24-44R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: Community Living Services

Contract Title: Direct Care Worker Training Program

Address where services are provided: 35425 Michigan Ave, West Wayne , MI 48184-9800

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 10/1/2023 to 3/31/2025

Amount of Contract: \$ 900,000.00 Previous Fiscal Year: \$ 600,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,555 Persons Served (previous fiscal year): 3109

Date Contract First Initiated: 10/1/2012

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Detroit Wayne Integrated Health Network (DWIHN) staff recommends revision of board action for an additional \$300,000 for the six months October 1, 2024 through March 31, 2025. This request is made to allow adequate time to facilitate a Request For Proposal of the Direct Worker Training Program Contract for a total amount not to exceed \$900,000.

DWIHN is requesting an additional funds for Community Living Services (CLS) to continue provision of Direct Care Workers training program and Individual Plan of Service (IPOS) for DWIHN Provider Network staff uninterrupted.

CLS provides training that meets the educational and credentialing requirements for staff working in Specialized Residential Settings and Adult Foster Care Homes according to State Training Guidelines curriculum recommendations and DWIHN Training Grid requirements.

By the end of the 4th quarter in FY 2023/2024, CLS has trained over 3109 students with over 993 total number of attendees. CLS also partnered with DWIHN in order to produce new monthly PCP/QIDP trainings that are open to Wayne County. In FY 2023/2024, the program has included in-person sessions for medication theory for staff successful completion of medication demonstration requirement.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 900,000.00	\$ 900,000.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Modify

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64934.827211.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Tuesday, November 12, 2024

Signed: Tuesday, November 12, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-02R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: DWIHN SUD Department

Contract Title: Substance Use Disorder - Treatment Network

Address where services are provided: see attachment

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 4,542,882.00 Previous Fiscal Year: \$ 7,951,781.00

Program Type: New

Projected Number Served- Year 1: 15,000 Persons Served (previous fiscal year): 15000

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

The SUD Department is requesting approval to revise Board Action 25-02 to include the review and approval of the corrected SUD Treatment Allocation Grids. The allocation grids submitted in the original Board Action 25-02 were not the correct version. Note: There are no changes to funding or contract terms.

Original Board Action 25-02

The SUD Department is requesting approval to contract for the delivery of Substance Use Disorder Treatment Services for the 2025 fiscal year with a total budget not to exceed \$4,542,882.

Treatment services will be funded with Federal Block Grant dollars (\$3,121,782) and PA2 funds (\$1,421,100), together totaling \$4,542,882.

It should be emphasized that the SUD Treatment, Women's Specialty Services (WSS) and State Disability Assistance (SDA) block grant for claims-based activity based on medical necessity and is included in the overall provider network board action therefore the below amounts do not reflect the entire SUD treatment, SDA and WSS grant allocation from MDHHS.

Treatment programs and amounts are summarized below:

Block Grant Funds (\$3,121,782)

- Women's Specialty Services: \$665,000
- ARPA: \$721,739
- SOR IV: \$1,475,043
- Media efforts: \$260,000

PA2 Funds (\$1,421,100)

The Substance Use Disorder Department offer a range of services to support individuals on their journey to recovery. From withdrawal management to outpatient services, including FDA approved **Medication Assisted Treatment**. SUD programs include residential services, intensive outpatient, dual diagnosis day treatment, case management, recovery housing, early intervention services, relapse prevention, peer recovery services, intensive wraparound program, communicable disease program, and healthy outreach.

Additionally, we organize events including the Opioid Summit, Faith-Based Conference, Recovery Walk, Women and Men's Annual Conferences along with providing Narcan, Yoga and communicable disease prevention services.

The prior board action did not include the review and approval of the treatment grid. Therefore, we are formally resubmitting this item for the board's **evaluation and approval**. **We want to emphasize that** there are no increases in funding associated with this resubmission.

The Detroit Wayne Integrated Health Network has the discretion to distribute these funds amongst service providers based on utilization without further board approval, provided the total does not exceed the approved budget of \$4,542,882.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Block Grant,PA2

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Block Grant	\$ 3,121,782.00	\$ 3,121,782.00
PA2	\$ 1,421,100.00	\$ 1,421,100.00
Total Revenue	\$ 4,542,882.00	\$ 4,542,882.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Wednesday, November 6, 2024

Signed: Wednesday, November 6, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-10R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: Arab Community Center for Economic & Social Services

Contract Title: Behavioral Health Home FY 2025

Address where services are provided: Multiple

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 12/1/2024 to 9/30/2025

Amount of Contract: \$ 1,710,000.00 Previous Fiscal Year: \$ 1,350,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,400 Persons Served (previous fiscal year): 784

Date Contract First Initiated: 5/1/2022

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Revision: This Board Action is requesting to add Elmhurst Home, Inc. and Neighborhood Service Organization (NSO) as Behavioral Health Homes. Elmhurst and NSO are existing partners in DWIHN's network. Elmhurst and NSO submitted a BHH certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certifications were reviewed and approved by DWIHN's Health Home Director. The certifications outline the provider's ability to meet BHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements, anticipated enrollment, meeting staffing ratios, and the providers plans and infrastructure to perform the six core BHH services: Comprehensive Care Management, Comprehensive Transitional Care, Care Coordination, Individual and Family Support Services, Health Promotion, and Referral to Community and Social Support Services.

Elmhurst Home, Inc. and NSO aim to enroll 200 individuals each in FY2025 (December 1, 2024 – September 30, 2025). **The funding is a pass through from MDHHS to DWIHN to Elmhurst Home, Inc. and NSO's for the delivery of this service and is estimated at \$360,000 for FY2025, bringing the total estimate of this revised BA to \$1,710,000. A budget adjustment is forthcoming.**

Note: Funding amounts are estimates and as such, funding amounts may exceed the amount of the board action and will not require board approval beyond the amount to exceed.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Medicaid	\$ 1,710,000.00	\$ 1,710,000.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64939.827050.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date: Manny Singla

Signature/Date: Stacie Durant

Signed: Wednesday, October 30, 2024

Signed: Wednesday, October 30, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-11R Revised: Y Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: Star Center Inc.

Contract Title: SUD Health Home FY2025

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 12/1/2024 to 9/30/2025

Amount of Contract: \$ 1,158,000.00 Previous Fiscal Year: \$ 918,000.00

Program Type: Continuation

Projected Number Served- Year 1: 1,300 Persons Served (previous fiscal year): 661

Date Contract First Initiated: 10/1/2021

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

This Board Action is requesting the approval to add Elmhurst Home, Inc. as an SUDHH (previously referred to as Opioid Health Home) provider. Elmhurst is an existing partner in DWIHN's network. Elmhurst submitted a Health Home certification packet which DWIHN developed in consultation with the National Council on Mental Wellbeing. The certifications were reviewed and approved by DWIHN's Health Home Director and SUD Health Home Administrator. The certification outlined the provider's ability to meet SUDHH organizational and program requirements. Topics addressed in the certifications include confirming providers meet basic MDHHS and Medicaid requirements, anticipated enrollment, meeting staffing ratios, and the providers plans and infrastructure to perform the six core SUDHH services: Comprehensive Care Management, Comprehensive Transitional Care, Care Coordination, Individual and Family Support Services, Health Promotion, and Referral to Community and Social Support Services.

Elmhurst Home, Inc. aims to enroll 300 individuals in SUDHH in FY2025 (December 1, 2024 – September 30, 2025). **The funding that shall pass through DWIHN because of Elmhurst Home, Inc.'s delivery of this service is estimated to be an additional \$240,000 for FY2025, bringing the total estimate of this revised BA to \$1,158,000.**

A budget adjustment will be forthcoming.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Medicaid

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Medicaid	\$ 1,158,000.00	\$ 1,158,000.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64938.827040.00000

In Budget (Y/N)? N

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date: Manny Singla

Signature/Date: Stacie Durant

Signed: Tuesday, October 22, 2024

Signed: Tuesday, October 22, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-13R Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: DWIHN Provider Network - see attached list

Contract Title: Provider Network System FY 24/25

Address where services are provided: Service Provider List Attached

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 863,911,342.00 Previous Fiscal Year: \$ 805,847,768.00

Program Type: Continuation

Projected Number Served- Year 1: 77,000 Persons Served (previous fiscal year): 75,943

Date Contract First Initiated: 10/1/2024

Provider Impaneled (Y/N)? Y

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting the addition of the following 3 providers and an increase in funding to Hegira Health, a new CCBHC, to the DWIHN provider network. In addition, the board action is requesting revisions for CCBHC, Home based and Wrap around services as outlined below.

Residential Providers:

1. Compassionate Care Haven LLC

(Credentialed 9/30/2024 for Personal Care in Licensed Specialized Residential Setting; Community Living Support)

2. Humanity Outreach

(Credentialed 8/27/2024 for Community Living Support)

Outpatient Providers:

1. Downriver Therapy Associates LLC dba Success on Spectrum

(Credentialed 8/27/2024 for Autism Services/Applied Behavioral Analysis)';

2. Hegira Health Services - to increase the estimated amount by \$10,478,714 for CCBHC Supplemental pass through payments. Hegira Health was approved by MDHHS as a CCBHC for the fiscal year September 30, 2025.

Board Action #: 25-13R

SOW Revisions:

CCBHC: Hegira Health, Inc. has been certified by MDHHS as a CCBHC Demonstration site effective October 1, 2024. A Medicaid-funded prospective payment system rate will now flow from MDHHS through DWIHN to fund Hegira's CCBHC services. Dollar Amount: \$10,478,714.00. (Breakdown is \$7,408,508.00 Medicaid + \$3,070,206.00 Healthy Michigan Plan = Total \$10,478,714.00)

Home Based Services: Home-Based services are designed to provide intensive services to children and their families with multiple service needs who require access to an array of mental health services. The primary goal of this program is to support families in meeting their child's developmental needs, to support and preserve families, to reunite families who have been separated and to provide effective treatment and community supports to address risks that may increase the likelihood of a child being placed outside of the home.

Wrap Around: Providers deliver Wrap Around services to children, youth, and families. The goal is for children and youth to reside in the community without hospitalization or removal from the home and are offered an array of Community Mental Health services to support both youth and the caregiver.

Board approval will allow for the continued delivery of behavioral health services for individuals with: Serious Mental Illness, Intellectual/Developmental Disability, Serious Emotional Disturbance and Co-Occurring Disorders.

The services include the full array behavioral health services per the PIHP and CMHSP contracts. The amounts listed for each provider are estimated based on prior year activity and are subject to change.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
Multiple	\$ 863,911,342.00	\$ 863,911,342.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Board Action #: 25-13R

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Signature/Date:

Manny Singla

Signed: Tuesday, November 12, 2024

Stacie Durant, Vice President of Finance

Signature/Date:

Stacie Durant

Signed: Friday, November 8, 2024

**DETROIT WAYNE INTEGRATED HEALTH NETWORK
BOARD ACTION**

Board Action Number: 25-41 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: Pending

Contract Title: 707 Crisis Care Center EMS transportation services

Address where services are provided: 707 W Milwaukee Ave Detroit, MI 48202

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 12/1/2024 to 11/30/2027

Amount of Contract: \$ 300,000.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 3,000 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 10/14/2024

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

Detroit Wayne Integrated Health Network (DWIHN) is requesting a three-year contract (with a 2-year renewal option) with LifeLine Concord, LLC (selected under RFP #2025-0007) to provide non emergency EMS Transportation Services to individuals served at the Care Center. The contract term is from **December 1, 2024 through November 30, 2027. The contract amount shall not exceed \$300,000 for the duration of 3 years.**

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Multiple	\$ 300,000.00	\$ 300,000.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: 64930.817202.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Wednesday, October 30, 2024

Signed: Wednesday, October 30, 2024

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-43 Revised: Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: Wayne County

Contract Title: Wayne County

Address where services are provided: 500 Griswold Street, Ste. #10, Detroit i. 48226

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 10/1/2024 to 9/30/2025

Amount of Contract: \$ 7,600,000.00 Previous Fiscal Year: \$ 7,600,000.00

Program Type: Continuation

Projected Number Served- Year 1: 4,300 Persons Served (previous fiscal year): 4100

Date Contract First Initiated: 1/1/1998

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

DWIHN is requesting the approval of a one-year contract with Wayne County for the following programs: (1) Wayne County Third Circuit Court-Clinic for Child Study (\$600,000), (2) the Wayne County Juvenile and Youth Services (\$2,000,000), and (3) the Wayne County Jail (\$5,000,000) for a total amount **not to exceed \$7,600,000 for the fiscal year ending September 30, 2025.**

(1) The Clinic for Child Study/Third Circuit Court - \$600,000 Medicaid funds: provides the pre-dispositional screenings and assessments for youth and their families who have come to the attention of the juvenile justice system through the Court to prevent and/or decrease the number of youth that re-offend, which may result in incarceration or out of home placement. In addition, the Clinic provides Sexual Awareness Information and Treatment (SAIT) Group Therapy services for youth who come to the courts' attention because of sexual misconduct. The targeted population are children and adolescents with Serious Emotional Disturbance (SED) and their families who have come to the attention of the Third Circuit Court or who are at risk of contact with the Court.

(2) Wayne County Juvenile and Youth Services - \$2,000,000 Medicaid funds: (formally Wayne County Department of Health, Human and Veterans' Services) coordinates service provision for identified youth in 2 programs: (a) Children Mental Health Services (\$1,800,000) provided through Assured Family Services CHOICES program to Medicaid eligible youth and (b) Service Coordination (\$200,000), i.e. targeted case management/service coordination The program provides improved access into the community mental health system for children and youth in the juvenile justice system and their families. Once an individual is diagnosed with an SED, they can rapidly access much needed mental health intervention. The program also improves coordination and collaboration between Community Mental Health providers and Care Management

Organizations (CMO) in the juvenile system, in support of assisting youth and families in accessing mental health services.

(3) Wayne County Jail Mental Health Services - \$5,000,000 State General Fund/Local Funds: for the provision of mental health services for Wayne County residents that have been detained at the jail and have been screened, assessed and determined to meet the criteria for an Intellectual Development Disability (I/DD), a Serious Emotional Disturbance (SED), a Co-Occurring Disorder, a Substance Use Disorder (SUD) or at risk for developing behavioral health issues that will negatively impact their activities of daily living. Behavioral health services are delivered either in the mental health unit or in the general population by appropriately credentialed clinicians. Services include evaluation, diagnosis, crisis intervention, therapy, medication management, education and referrals.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Medicaid, General Fund

Fee for Service (Y/N): N

Revenue	FY 24/25	Annualized
Medicaid	\$ 2,600,000.00	\$ 2,600,000.00
State General Funds	\$ 5,000,000.00	\$ 5,000,000.00
Total Revenue	\$ 7,600,000.00	\$ 7,600,000.00

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Clinical

ACCOUNT NUMBER: MULTIPLE

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Thursday, November 7, 2024

Signed: Thursday, November 7, 2024

Board Action #: 25-43

DETROIT WAYNE INTEGRATED HEALTH NETWORK BOARD ACTION

Board Action Number: 25-46 Revised: N Requisition Number:

Presented to Full Board at its Meeting on: 11/20/2024

Name of Provider: See Description field

Contract Title: Gravity Works Design, LLC: DWIHN Website Redesign, Development and Maintenance

Address where services are provided: 'None'

Presented to Program Compliance Committee at its meeting on: 11/13/2024

Proposed Contract Term: 12/1/2024 to 11/30/2027

Amount of Contract: \$ 110,040.00 Previous Fiscal Year: \$ 0.00

Program Type: New

Projected Number Served- Year 1: 0 Persons Served (previous fiscal year): 0

Date Contract First Initiated: 12/1/2024

Provider Impaneled (Y/N)?

Program Description Summary: Provide brief description of services provided and target population. If propose contract is a modification, state reason and impact of change (positive and/or negative).

RFP Contract #2025-001, DWIHN Procurement Recommendation for DWIHN Website redesign, development and maintenance.

Gravity Works Design LLC, will replace website services/support currently provided by WIT, Inc.

The contract will be for a term of one (1) year effective upon Board Approval, with a two (2) year renewal option. The term was carefully established taking into consideration the volatility of pricing, availability of market indices to tie prices to, potential for a changing pool of available Bidders, departmental needs, and other similar factors.

Therefore, the Purchasing Division recommends awarding the contract to DWIHN's Board of Directors for Website Redesign, Development and Maintenance to Gravity Works Design, LLC, the most responsive and responsible Proposer.

The value of this contract is not to exceed \$110,040.00 for the initial three (3) years.

Outstanding Quality Issues (Y/N)? N If yes, please describe:

Source of Funds: Multiple

Fee for Service (Y/N): Y

Revenue	FY 24/25	Annualized
MULTIPLE	\$ 110,040.00	\$ 110,040.00
	\$	\$
Total Revenue	\$	\$

Recommendation for contract (Continue/Modify/Discontinue): Continue

Type of contract (Business/Clinical): Business

ACCOUNT NUMBER: 64915.815000.00000

In Budget (Y/N)? Y

Approved for Submittal to Board:

Manny Singla, Interim Chief Executive Officer

Stacie Durant, Vice President of Finance

Signature/Date:

Signature/Date:

Manny Singla

Stacie Durant

Signed: Tuesday, November 12, 2024

Signed: Tuesday, November 12, 2024